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Worldwide Report

EPIDEMIOLOGY

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14 February 1986

WORLDWIDE REPORT EPIDEMIOLOGY

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LATIN AMERICAN HEALTH CONGRESS UNDERSCORES ECONOMIC DIFFICULTIES

Santiago EL MERCURIO in Spanish 27 Oct 85 p C-7

[Text] Health care in Latin America is facing serious difficulties. This is evidenced by the difficulty of access to facilities for users of such programs.

This finding was made by experts from several countries in Latin America meeting recently in Santiago, who were all in agreement that the present situation is due, fundamentally, to the serious economic problems which affect most of the countries involved.

Four international experts, including a minister and an undersecretary of state, expressed the view that lack of resources and certain deficiencies in the implementation of health policies together with constant increases in the cost of medicines are the principal factors responsible for this state of affairs.

According to the analysis of these experts, Latin American countries face common health problems and mortality and morbidity indices show that the situation is not improving and could well become worse "if joint measures are not taken."

Colombian Doctor

Doctor Fernando Osuna, Colombian, member of the Pan American Health Organization, stated his opinion that the health situation in Latin America is dynamic and changing.

"When we look at what has taken place in recent years we realize that there have been enormous changes in mortality rates, in the morbidity picture and in the people's access to health services. All of our countries are facing a difficult economic situation affecting all sectors of development and not just the health field," he said.

As to what public health problem is common to Latin American countries he said: "I would not be able to name any one in particular because changes in the disease picture produce a kind of epidemiological mosaic of many diseases, although common problems deriving from certain chronic illnesses are now beginning to appear."

He continued that indeed one must perceive not just what the respective ministries are doing, but also the development of the society in general as the result of the activities of the health sector. "Some advances in the field of nutrition have been achieved, a general improvement of the situation, but there remain problems which all of our countries are facing."

Referring to the problem of medicines, which affects all of the Latin American countries owing to persistent increases in prices, he said that "this very complex state of affairs involves factors ranging from definitions of national policies, development of basic pharmaceutical lists and regulation of the quantities of products placed on the market, to the implementation of fully effective systems for distribution of medical products and oversight of their use."

Stationary Situation

Dr. Juan Jose Alvarado Castellanos, national director of primary care of the ministry of health of the republic of Argentina, described the health situation in his country as stationary in the general context of Latin America.

"In my opinion, the situation is profoundly affected by the economic crisis prevailing throughout Latin America. Vigorous efforts are being made to assure better management of resources. But in spite of that, it is not sufficient to make up for the lack of resources generally available to the health sector. There are many common problems which are fortunately being faced jointly with the Pan American Office. Programs to treat transmissible diseases, mother and child care and care for the most disadvantaged social groups are the principal lines along which we are working at this time."

He went on to say that activity in the health field is linked to whatever may be done in other developmental sectors. "It is recognized that the state of health does not depend only on the ministries but also on a series of other factors. The most important of these are employment, education, housing, and nutrition."

He suggested that on balance the health care situation in Latin America, on the basis of a historical comparison, is stationary, in spite of the effort of the ministries of each country to avoid a more serious situation. "The picture has been progressively improving if we look at it from the point of view of life expectancies and lower mortality rates. In recent years, in spite of the economic crisis, the statistics have not worsened, but they remain stationary and without improvement."

Regarding the universal problem of continuing increases in the prices of medicines, he said that it is a very special problem affecting many countries, and influenced by national and international factors. "In my country we use an official list of pharmaceutical products, which reduces the number of different drugs in use to more manageable proportions. This avoids the profusion of four or five thousand brands of remedies which are ineffective,

or have not been tested, or which have been tested and rejected in other countries, and which go on to enlarge the list of medicines being developed. The limitation on the number of medicines on the market permits better administrative management, more efficient as far as the medical professional is concerned, better purchasing opportunities which in the end makes the product cheaper. The setting of prices is a very complicated procedure. The operation must be studied to establish the true cost of the medicines and to assure that we do not pay for all the medical advertising, which increases the cost of the products."

Serious Situation

Dr. Manuel Nasiff, undersecretary of health of Bolivia, feels that the situation has seriously deteriorated, and is currently "in a state of crisis and likely to become even worse if we do not take appropriate steps."

He noted the importance of the economic crisis, which has seriously affected all countries in the region. "On analyzing the indicators which we have always used, one observes that, on balance, the situation is quite critical. Infant mortality is the most important problem and in most of our countries we have high rates in this area. In some countries the situation is stationary and in others very small improvements have been achieved. But the majority present a clear deterioration although it may not be in infant mortality as such, but such factors as malnutrition are becoming serious. The causes of this problem are many. I might mention in addition to the economic crisis, the fact that the health sectors of the countries involved are not able to command larger budget allocations so as to be able in turn to achieve better control of the health problem. We must seek new opportunities, and we must lower the unfavorable statistics which we are seeing at present."

Referring to the cost of medicines, he agreed that this is a situation common to all of our countries. "There are several possibilities, but I believe that one concrete step we can take is the coordination of our efforts, otherwise we are not going to solve the problem. The international bodies, chiefly the Pan American Health Organization and certain others in the UN system are working on this aspect. But there is an important difference between the former approach and that of recent years, especially in the Pan American Health Organization where a very necessary flexibility with better opportunities for using assistance more objectively has developed."

Peruvian Minister

The Peruvian minister of health, Dr. David Tejada de Rivero, said that primary care policies have been applied in the majority of Latin American countries in a limited form and with an overly paternalistic approach.

He said that as far as his government is concerned health problems cannot be assessed via the indicator averages of mortality and morbidity. "The principal problem in the health sector as in other sectors is the result of social differences and injustices. The solution lies in seeking to eliminate or reduce those differences, giving priority to the most disadvantaged classes.", he said.

Referring to primary care programs, which have been carried on for many years in most Latin American countries, he said that they are being implemented in too limited a form and only in certain zones by way of a pilot project.

"Primary care in the health field has been considered an isolated program when actually it should be seen as an approach relevant at all levels. In all countries, including Peru, these programs have been treated as a set of activities which can be assembled into a package and handed out to the people. A paternalistic attitude, which is the denial of the true concept of primary care, is too much in evidence. Primary care should represent a strategic approach. The underlying factors are unique. A program of this nature should allow for the active participation of the people in order to learn how the community perceives its health needs, and thus establish a valid order of priorities and develop a way to deal with those problems, employing effective supervision and control in the management of resources.", he said.

He added that multisectoral effort is fundamental to the achievement of an effective primary care program. "The operation should not be limited to simply curing disease when it appears, but it should place emphasis on programs designed to promote a positive state of health in the general population. This can be achieved through improved nutrition and better living patterns. In the same way it is possible to anticipate and head off diseases through basic sanitation, proper nutrition, and educational campaigns. Within the concept of primary care should be included the united efforts of many sectors such as the education, housing, and farming sectors, medicines and others.", he noted.

Asked about the persistent increases in the price of medicines, a situation affecting most Latin American countries, he replied that the Peruvian government has met this problem by resorting to a number of emergency measures such as freezing prices. "This is how the persistent increase in prices was halted. Previously there was a law which permitted monthly readjustments. Now prices have been frozen, and through discussions with the pharmaceutical industry we have even obtained discounts of from 20 to 35 percent. But these are temporary measures. We are trying to deal with the problem in a more rational and systematic manner. For this purpose we have set up a national medicines committee in which for the first time we have the active participation of the industry.

12383
CSO: 5400/2015

BRIEFS

HOSPITAL SUPPLY SHORTAGES--THE SUPPLY shortages at Princess Margaret Hospital, which began many years ago, have become "simply outrageous" over the past couple of years, a hospital source told The Tribune today. He said there is a chronic shortage of surgical supplies and basic drugs such as penicillin. Dr Bernard Nottage, head of the Medical Staff, told a meeting of department heads last month that patients are dying at the hospital because of supply shortages. The hospital source said the hospital is now often at the point where it can't function. "At times it seems that nothing is available. Where does all the money go that is allocated to the hospital?" he asked. Minister of Health Dr Norman Gay said in the House Monday that he has appointed a new supply coordinator to the Princess Margaret Hospital because "more attention has been drawn to this area over the past year than any other." He did not name the coordinator, whose sole responsibility is the distribution of supplies to the 40 departments. [Excerpts] [Article by Athena Damianos] [Nassau THE TRIBUNE in English 13 Dec 85 p 1] /12379

CSO: 5440/037

RELIGION URGED TO HELP IN FICHT AGAINST AIDS

Dhaka THE BANGLADESH OBSERVER in English 23 Nov 85 p 3

[Text] Begum Raushan Ershad on Friday called for upholding the teachings of religions to bring discipline in the social life and to combat the killer diseases like Acquired Immune Deficiency Syndrome (AIDS), reports BSS.

Inaugurating a seminar on 'AIDS' at Hotel Sonargaon in Dhaka Friday morning, Begum Ershad said indisciplined life and moral degeneration were considered to be prime cause of this disease.

Organised by the Rotarect Club of Sir Salimullah Medical College and Mitford Hospital, the inaugural session was presided over by Dr Reaz Mubarak, President of the Club.

The function was addressed by Social Welfare and Women Affairs Minister Mrs Rabeva Bhuvian, Rotary District Governor M.A. Wahab and Rotarian Lt Col (Retd) M.A. Mannan.

Begum Ershad said AIDS had created a sense of panic in the western world and added there were reasons to be worried about it as no effective treatment had yet been discovered to cure this killer disease.

She said AIDS had posed a great threat to humanity in the United States. She added over 12 000 people were attacked by this disease and several thousands of them already died. She pointed out that in the present day world this kind of diseases spread quickly from one country to another. She said the virus of AIDS was detected in France.

Begum Roushan Ershad stressed the need for remaining alert against the use of narcotics to check AIDS.

She said both the government and the doctors were aware of this disease and a committee had already been set up to suggest measures to prevent the disease.

/9317

CSO: 5450/0084

VENEREAL DISEASE ON INCREASE AMONG TEENAGERS

Dhaka THE NEW NATION in English 28 Nov 85 p 2

[Text] Dinaipur, Nov 27--Incidences of venereal diseases (VD), particularly among the teenagers, are on the increase in the districts of Dinaipur and Thakurgaon, according to local physicians.

It is learnt that there are about 2,000 gay-girls in different areas of North Bengal who have allegedly been helped by some anti-social elements, residential hotel managers and others to carry on with prostitution.

When contacted, Dr S. Rahman, a retired doctor of Dinaipur Sadar Hospital, told this correspondent that 10 percent teenaged patients have been suffering from venereal diseases. The number of such patients have increased by 50 percent after the closure of a permanent brothel at Thakurgaon town. He said the roving gay girls have spread 70 percent venereal diseases during the last few months as each of these girls can infect about 20 men after she contacted VD.

He said even regular medical check-up cannot eliminate the disease. Although a prostitute takes doses of antibiotic penecilin, there remains the probability of developing a resistant strain of gonorrhoea, which is often concealed and not killed.

He said due to illiteracy, most of the VD patients have got a tendency to conceal facts and consequently suffer without getting any proper treatment.

The doctor also said peneduaral, a simple penecilin and other antibiotic medicines use to curb the disease are selling at high prices. He said most of the teenagers who are the victims of VD are passing their days in frustration.

/9317

CSO: 5450/0087

GASTROENTERITIS, DIARRHEA IN VARIOUS DISTRICTS

Dhaka THE NEW NATION in English 26 Nov 85 p 2

[Text]

JAMALPUR, Nov 24: Thirty persons died and 300 others have been attacked with diarrhoea that has broken out in an epidemic form in the district since last two weeks.

It is learnt that dysentery has also broken out in different areas of the district.

Paucity of drinking water and adulterated foodstuff are said to be the reasons behind the outbreak of the disease.

On the other hand, scarcity of curative and preventive medicines has precipitated the situation, it is also learnt.

The Civil Surgeon, however told this Correspondent that a medical team had been sent with necessary drugs to the affected areas.

MADHABPUR

Our Correspondent from Madhabpur reports: Five persons died and many others attacked with diarrhoea that has broken out in an epidemic form in different areas of Madhabpur upazila for last few days.

It is learnt that four persons died of the disease at Andara and one at Haluapara while a

number of patients have been fighting for life.

It is alleged that the preventive measure taken by the Upazila Health Department is too inadequate to curb the disease. The Health Department can hardly supply oral saline as there are no other necessary medicines in their stock.

Paucity of pure drinking water is learnt to be the cause of the disease.

It deserves mention that 90 per cent tubewells of the upazila has gone out of order. But no measure has yet been taken to repair these tubewells, it is alleged.

BRAHMANBARIA

Our Brahmanbaria correspondent reports: Cholera has claimed 10 lives and attacked 250 others in different upazilas including Brahmanbaria Pourasabha during the last fortnight.

Of the victims, seven died in Brahmanbaria Sadar upazila, two in Nahingar and the rest one in Sarail upazilas.

It is learnt that acute scar-

city of pure drinking water has been prevailing in the affected areas.

According to Civil Surgeon of Brahmanbaria, 50 medical teams have been working in the affected areas to arrest the disease.

Meanwhile, a large number of patients attacked with the disease have been admitted into Brahmanbaria Sadar Hospital.

PIROJPUR

Nine persons died of gastroenteritis in Kawkhali upazila of the district during the last few days, reports BSS.

Official sources confirmed the report of the deaths and said over 100 persons had been suffering from this disease in Kawkhali, Bhanbaria and Pirojpur Sadar upazila.

Unofficial death figure is larger than what the Civil Surgeon has given out. The Civil Surgeon, Pirojpur, said that special medical teams had been sent to the affected areas to provide treatment to the afflicted persons.

/9317

CSO: 5450/0085

BRIEFS

POLIO IMMUNIZATION PROGRAM--During the next five years the Rotary Club of Belize in association with Rotary International will provide this country with all the Polio vaccines it needs to immunize all the children of Belize under age 5 against Polio. Announcing this a spokesman said Rotary Belize is funding the project to the extent of \$51,200. This does not include the cost of the vaccines which will be met by the Rotary Foundation. The Belize Rotary funds will provide for training, storage equipment such as refrigerators and transport vehicle and generator. The project is to be implemented by personnel of the Ministry of Health with active support from local Rotarians. Preparatory work for the Belize programme has included the training of health workers in every district town of Belize. These special training sessions have been sponsored jointly by the Belize Ministry of Health, Rotary International and Project Hope. [Excerpts] [Belize City THE REPORTER in English 8 Dec 85 p 8] /6091

CSO: 5440/035

BRIEFS

BUBONIC PLAGUE REPORTED--Bubonic plague cases have been reported in northwest La Paz Department. Public Health Ministry sources have confirmed that a 2-year-old girl died of the disease. The case was reported on 9 January in the town of (Pucasucho), in the (Franz Tamayo) Province of La Paz Department. According to sources, the outbreak began along river banks and in areas with lush vegetation, where there are countless rats and ants, which transmit bubonic plague. Twelve additional cases were reported, while 40 people are under medical observation. [Text] [La Paz Cadena Panamericana in Spanish 1130 GMT 14 Jan 86 PY] /9365

CSO: 5400/2028

WHO REPRESENTATIVE WARNS AGAINST SPREAD OF AIDS

PY240135 Sao Paulo O ESTADO DE SAO PAULO in Portuguese 21 Jan 86 p 9

[Excerpts] Ricardo Varonesi, Sao Paulo municipal health secretary, yesterday charged the Brazilian Government with "total neglect" regarding AIDS prevention and treatment. He said that this disease is spreading at the rate of two victims per day in the country, and warned that, within 5 years, between 150,000 and 300,000 Brazilians will be condemned to die from AIDS, contracted mainly through blood transfusion. He estimated that between 500,000 and 1 million people in Brazil are infected with the AIDS virus, and that 20 to 30 percent of those people will be fatally ill by the end of this decade. Brazil is therefore the country with the second largest incidence, in absolute numbers, of AIDS in the world.

After giving a lecture at the Navy Ministry on the prevention of AIDS, Secretary Veronesi said that the military is applying the HTLV-3 test to detect the presence of the disease among draftees, while the government is not taking similar measures. He then recommended that the military ministries make the HTLV-3 test obligatory in the Armed Forces, and accused the INAMPAS [National Institute for Social Security Medical Assistance] of irresponsibility for not providing enough hospital beds on a priority basis for AIDS patients. He also criticized the Health Ministry for leaving the efforts of disease prevention to dermatologists and the high risk groups, themselves, mainly homosexuals.

Ricardo Varonesi, who is also WHO representative for the prevention of AIDS in Brazil, contended that the test for the detection of AIDS virus should be obligatory in blood banks throughout the country. He pointed out that each examination costs only \$1 (about 15,000 cruzeiros), and that it can be performed even by nonprofessionals. Varonesi revealed that of the 550 cases of the disease that have been confirmed in Brazil, 150 cases have been traced to blood transfusions. By decision of the new health secretary, the test is obligatory in the municipality of Sao Paulo, and it is expected that 20,000 tests per year will be performed in the state of Sao Paulo.

Jose Saraiva Felipe, secretary of social security medical services, refuted the accusation by secretary Veronesi that INAMPS is irresponsible regarding the treatment of AIDS. He said that INAMPS is making hospital beds

available for AIDS patients in public hospitals. These will be increased to 50 in early February, with the installation of another 10 beds in the Ipiranga Hospital. Also, 120 beds will be made available in the Sanitas Hospital for the treatment of communicable diseases, including AIDS.

/9738

CSO: 5400/2031

KNOWN AIDS CASES NUMBER 520; LEADING IN LATIN AMERICA

Underestimation Possible

Rio de Janeiro O GLOBO in Portuguese 3 Dec 85 p 8

[Text] Ministry of Health statistics already identify the existence of 520 known cases of AIDS in Brazil, and 246 other cases under investigation, although the authorities recognize that the number may be an underestimate, since some state health authorities are behind in their reporting of known or suspected cases.

According to tabulations done by the Ministry, Sao Paulo has 388 cases, or 74 percent of the total number of known cases, and has the greatest number of suspected cases--77--under investigation. In Sao Paulo, the disease has already killed 167 people, and the incidence of the disease is most frequent in the 20-39 year old age group.

The second state in terms of frequency of AIDS is Rio de Janeiro, with 71 known cases, and 14 suspected. Next are Rio Grande do Sul with 17 known cases, and Minas Gerais, with 14.

Homosexuals and bisexual males affected by the disease number 340, while blood transfusions were responsible for the contamination of 32 people. In addition, five users of drug injections were infected, and there are 112 cases in which the form of transmission is unknown. There also exist 10 men and 13 women for whom the type of contagion was not identified.

Of the 520 known cases, 13 were children between ages 0-9, 14 were in the age range of 10-19, and 12 in the age range 20-29. In the age range of 30-39, 188 cases were identified, while there were 84 in the age range of 40-49, and 27 in the age range above 50. In addition, there were 67 cases for whom the age of the patient was unknown.

German Study Cited

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 8 Nov 85 p 12

[Text] According to a study done by the German agency, DPA, Brazil is in first place in Latin America with regard to AIDS cases, and it also has had

the greatest number of fatalities, 16, on the continent. The study, prepared some time ago, cites Brazil as having 483 AIDS patients, with 317 of them males (most of them homosexuals), and with a total of 229 deaths, a number exceeded only by the United States.

Puerto Rico, even though it is not a country, but a free state associated with the US, also appears in the agency's report in a frightening position: second place in Latin America, with 202 AIDS cases, and 130 deaths. When one considers that Puerto Rico is a small Caribbean island, with a population slightly larger than that of Belo Horizonte, these numbers are proportionately very high. Haiti, which is regarded as one of the "pioneer" AIDS countries, does not appear on the list because of the unreliability of that country's public health statistics.

In third place for number of deaths is Venezuela, with 19; in fourth, is Argentina, with 14; in fifth, is Mexico, 11; sixth, Colombia and Guatemala, 6; in eighth, Chile, Peru, and Costa Rica, 4.

Only three Latin American countries appear to be without AIDS cases at this time, at least with regard to official statistics: Bolivia, Nicaragua, and Paraguay. However, these are poor countries in which statistics are not always precise.

Leading in Latin America

Sao Paulo: O ESTADO DE SAO PAULO in Portuguese 8 Nov 85 p 12

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LEPROSY INCIDENCE ON RISE; 500,000 AFFECTED

Rio de Janeiro O GLOBO in Portuguese 1 Dec 85 p13

[Text] The incidence of Hansen's disease (leprosy) has been increasing in Brazil, and the disease has already stricken children below the age of four. Presently, there exist about 500,000 afflicted people. These data were gathered by specialists who were called to a meeting this week by the Ministry of Health in order to evaluate the situation and propose solutions.

Although the number of cases officially registered by the Ministry is only about 200,000, the specialists consider this number to be an underestimate. They say that only those cases diagnosed as having the most serious form of the disease have been counted; the disease has its highest incidence in Amazonia, principally in the Manaus area.

Among the recommendations made to the Ministry of Health are the urgent adoption of measures which will broaden the control and epidemiological monitoring of the disease, and coordination with universities in order to place greater emphasis on the problem, since many recent medical school graduates do not know how to identify the disorder.

In 1986, the Ministry of Health will provide 56 billion cruzeiros to carry out a leprosy program, but it will spend about 37 million on the purchase of medication for the treatment of 200,000 patients.

According to the National Secretary of Special Health Programs, Fabiola Aguiar, the Ministry is also going to encourage and support the work of civilian groups that show an interest in the problem. He cited the case of Morfan, an association of people who have had Hansen's disease, and who function in 19 states, and in the Amazon region broadcast radio programs through which they advise the population about the symptoms of the disease, and clarify for those afflicted the importance of not interrupting their treatment.

12857
CSO: 5400/2020

BRAZIL

BRIEFS

POLIO ERADICATION--The strategy to be adopted by the government for the eradication of poliomyelitis by 1990 will be put into practice by a commission composed of Brazilian and foreign technicians, to be formed today at the Ministry of Health. In this way Brazil begins the task proposed by the Pan-American Health Organization for the elimination of infantile paralysis on the continent. Although Brazil has succeeded in considerably reducing the incidence of the illness in the past six years--in mid-June of 1980 there were about 2000 cases registered, while last year the number was lowered to about 100--the occurrence of outbreaks persists, especially in the Northeast. For example, in the course of last year there were verified outbreaks of infantile paralysis in Ceara and Sergipe, and this year, of the 69 cases of the disease already registered, 60 are in the Northeast. There are 127 other suspected cases under investigation in that region. [Text] [Rio de Janeiro O GLOBO in Portuguese 7 Oct 85 p 5] 12857

CSO: 5400/2020

MONTREAL HOSPITAL EMERGENCY SERVICE SUSPENSION REPORTED

Ottawa THE CITIZEN in English 18 Nov 85 p A3

[Text] Montreal (CP)--Doctors at the Sacre-Coeur Hospital in northwest Montreal shut down the hospital's emergency ward this weekend because they were exhausted and couldn't take the strain any more, a hospital official said Sunday.

The shutdown, which started at 4 p.m. Friday was to end Sunday at midnight.

Dr. Andre LeBrun, chairman of the medical board at the hospital, said the two-day suspension of emergency service at one of Montreal's busiest hospitals is a sign of the crisis pervading Quebec's health care system.

"The doctors were at the end of their nerves," said LeBrun. "It is a question of exhaustion, overwork, and loss of hope that the situation can be corrected."

Michel Gauthier, director of information for the hospital, said no major problems resulted from the shutdown of the ward, which normally handles between 180 and 200 patients a day.

Gauthier said serious emergencies were treated in other departments at Sacre-Coeur, while less serious cases were referred to other hospitals.

He said the hospital administration did not consider the shutdown to be an illegal strike.

/8309

CSO: 5420/41

PROGRAM TO IMPROVE NORTHERN ONTARIO HEALTH CARE ANNOUNCED

Ottawa THE CITIZEN in English 26 Nov 85 p A5

[Text]

TORONTO (CP) — A long-awaited program to increase the level of health care in Northern Ontario and provide financial assistance to northerners who must travel south for medical attention was announced Monday.

Northerners are entitled to medical care ensuring "neither they nor their children will ever have to forgo treatment because of financial concerns," Health Minister Murray Elston said in the legislature.

Details of the program were released Monday in several northern communities, as well as in the legislature.

In Thunder Bay, Chris Ward, Elston's parliamentary assistant who was responsible for working out details of the program, said the travelling reimbursement, which comes into effect Sunday, is expected to cost \$3 million for the balance of this fiscal year, \$10 million next year and just over \$13 million a year thereafter.

Known as the Northern Health Travel Grant Program, it will provide financial assistance to northerners who must travel over 300 kilometres one way from

their residence to specialists or hospitals in Ontario and Manitoba.

Grants will range from \$125 to \$350 for each travel trip and will be based on distance travelled to the closest appropriate medical specialist.

He said the ministry will increase the availability and accessibility of medical specialists' services throughout the north. The program, to be known as the Medical Specialist Incentive Program, will encourage specialists to practice in Northern Ontario.

Also announced was a \$2.5-million package for four northern hospitals involving perinatal units specializing in the care to high-risk pregnant women, including women in premature labor, and to high-risk newborn infants.

The four hospitals to receive assistance under this program are Sudbury General Hospital, which will receive \$1.5 million; the General Hospital at Sault Ste. Marie, \$318,000; the Port Arthur Hospital in Thunder Bay, \$362,000, and St. Joseph's General in North Bay, \$352,000.

/8309

CSO: 5420/41

DEATH OF MAN DUE TO RABID BAT SCRATCH REPORTED

Vancouver THE SUN in English 4 Dec 85 p A1

[Text]

A Vancouver man who was scratched by a rabid bat while sleeping in a tent in northern Alberta has died at the University of B.C. Health Sciences Centre.

A hospital spokesman said today the 30-year-old man, whose name was not released, died Nov. 26.

She said the man was scratched in July at an industrial camp at Smith, 180 kilometres north of Edmonton.

Dr. John Waters, Alberta's director of communicable disease control, said the man did not seek medical treatment until it was too late to prevent the spread of the disease.

He started to display symptoms of rabies in October after returning to B.C., Waters said. "It is the first case of rabies we know about that originated in Alberta."

He said the bat was not captured, although it is unlikely other people were scratched or bitten by the same animal.

Rabies can be prevented by a vaccine if the exposed person receives shots within a few days of exposure.

Waters said between 40 and 50 Alberta residents have received the rabies vaccine so far this year after being exposed to rabid animals.

/12379

CSO: 5420/42

INTESTINAL ILLNESS REPORTED AT TWO ONTARIO HOSPITALS

Toronto, Thunder Bay Hospitals

Windsor THE WINDSOR STAR in English 7 Jan 86 p A18

[Text] An outbreak of intestinal illness has forced the city's third-largest hospital to close its doors to all new patients.

A spokesman at St. Joseph's Health Centre in west-end Toronto reported 60 cases of mild vomiting and diarrhea among patients and staff Monday. Officials said the illness has not been officially diagnosed.

Meanwhile, another flu-like malady is causing concern at Port Arthur General Hospital in Thunder Bay, Ont., where 30 patients have been affected. Officials at that hospital have imposed restrictions on public visits.

The Toronto hospital closed admittance to all new patients, cancelled elective surgery and redirected emergency cases to other hospitals. Volunteer workers were placed under restrictions, and visits were permitted only to critically ill patients. No children or elderly visitors were allowed.

Hospital spokesman Margaret Frewin said officials hoped tests being carried out today will reveal the type of virus responsible for the outbreak that could keep the hospital closed for up to two weeks. The closure is the first in the 65-year history of the centre, which has 2,000 staff members and 800 patients.

Norwalk Virus in Toronto

Toronto THE TORONTO STAR in English 14 Jan 86 p A6

[Text] No patients came down with Norwalk virus yesterday at St. Joseph's Health Centre, a hospital spokesman says, but two staff members reported symptoms of the disease. So far, 762 patients and 90 employees have come down with the illness which causes diarrhea, cramps and vomiting for 24 to 48 hours. No decision has yet been made on when the hospital will be reopened to new admissions and visitors.

/13104

CSO: 5420/46

AIDS INCIDENCE, COUNTERMEASURES REPORTED

Doubling Trend Report

Toronto THE SATURDAY STAR in English 28 Dec 85 p A3

[Text]

The number of AIDS cases in Canada is doubling every 11 months, not every six months as had been feared earlier, a federal official says.

If this trend holds steady, the number of cases by the end of 1989 would be 14,000, said Dr. Alastair Clayton, director of the Laboratory Centre for Disease Control in Ottawa.

A doubling every six months would have resulted in 20,000 Canadian cases of acquired immune deficiency syndrome.

As of this week, 428 cases had been reported, including 21 children, 26 women and 381 men. Of the total, 205 have died, including 10 children.

435 Cases

Toronto THE GLOBE AND MAIL in English 10 Jan 86 p A5

[Article by Linda Clark]

[Text]

A "relatively small number" of blood donors had previously been exposed to the AIDS virus, figures from the first two months of a screening program by the Canadian Red Cross Society show.

During October and November, 45 — or .025 per cent — of 182,324 blood donations were confirmed as containing antibodies associated with acquired immune deficiency syndrome, the figures released yesterday show.

(The program was being phased in during October, so not all donations in Canada were screened. Over-all screening started Nov. 4.)

"This does not necessarily mean that any of these 'antibody-positive' donors are suffering from AIDS," said Kenneth Mews of the society's AIDS project.

"The virus may be in the person's blood. . . . We have no way of detecting that. Or the person may have fought it off, and it is not in their blood any more."

Studies done on small groups of people show that one in 10 antibody-positive donors may go on to develop the fatal disease or the AIDS-related complex, Mr. Mews said. The complex is a much milder form of AIDS and victims may recover.

The test for the AIDS virus is called ELISA. If it and further tests are positive, the Red Cross tells the donor the blood cannot be used for transfusion and gets in touch with the donor's doctor, who explains the significance of the test.

In some provinces, such as Ontario, the society is also required to notify the medical officer of health.

The results of these tests are similar to those obtained by the American Red Cross Society from the testing of up to three million blood donations, Mr. Mews said.

As of Monday, 435 cases of AIDS had been diagnosed in Canada and 207 of these victims died, the Laboratory Centre for Disease Control in Ottawa says. The figures also show that 329 of the victims, or about 75 per cent, are homosexual or bisexual males.

Meanwhile, unfounded fears of getting AIDS are causing a serious shortage in the United States of donated blood for transfusions, Gilbert Clark, the executive director of the American Association of Blood Banks, said yesterday.

Mr. Clark said a poll shows that more than a third of Americans believe — contrary to wide scientific opinion — that people can contract the deadly disease by giving

blood. The U.S. association is planning radio and television ads to dispel such ideas.

Unusual blood shortages began showing up last summer and seemed to grow after the publicity surrounding actor Rock Hudson's death from AIDS and controversies over school attendance by young victims, Mr. Clark said.

The situation is not life-threatening, he said, but elective surgery is being postponed in many areas of the United States and inventories of blood for possible emergencies have been greatly reduced.

In the case of a national emergency, "if we needed 50,000 to 100,000 units of blood, this just would not be available," said Dr. Eugene Berkman, president of the blood bank association.

However, this is not the situation in Canada, Mr. Mews said.

"There are always periodic shortages," he said, "but we cannot point to a fear of AIDS specifically. This has only been inferred."

People sometimes mention they are concerned about the possibility, he said.

However, donations are usually down during bad weather, holiday periods and the summer.

When there is an appeal for blood — as there is now for O type, the most common — people usually respond, Mr. Mews said.

"Believe me, if we get an emergency situation, and (fear of) AIDS is the culprit, we'll say so," he said.

Ontario Hospital Meeting

Toronto THE TORONTO STAR in English 10 Jan 86 p A12

[Article by Lillian Newbery]

[Text] Every hospital should have a plan for caring for AIDS patients and protecting the health of staff members looking after them, a meeting of hospital representatives has been told.

Dr. Bernadette Garvey, chairwoman of the provincial advisory committee on AIDS (acquired immune deficiency syndrome), said yesterday that hospitals need to educate their staff about AIDS, en-

force safety measures — particularly in laboratories — ensure confidentiality of patient records and determine what outpatient and hospital patient facilities will be needed.

The best information suggests that the average patient with AIDS spends 75 days in hospital a year and may require 10 days in an intensive-care unit, Garvey said.

The meeting on AIDS, sponsored by the Ontario Hospital Association at its headquarters on Ferrand Drive, attracted several hundred hospital representatives, including infection control officers, nurses, laboratory workers, home care workers and health and safety representatives.

AIDS is transmitted by a virus in semen and blood and involves a breakdown of the body's immune system, followed by the development of a host of infections, several cancers, or both. It is fatal.

Since 1982, when the first cases were reported in Canada, 435 people have developed AIDS, of whom 228 are still alive.

Of 167 patients diagnosed since 1982 in Ontario, 131 were from Metro and 10 from Ottawa, Garvey said yesterday. But Brantford, Fenwick, Kapuskasing, Madoc, Niagara Falls, Stroud, Timmins, Tottenham, Waterloo and Welland have each reported an AIDS patient.

Counsels patients

Four residents of Windsor, three from both London and Oshawa and

two each from Hamilton, Strathroy and Brampton have developed AIDS.

Joan Anderson, vice-chairman of the AIDS Committee of Toronto, which assists and counsels patients, their friends and families, said hospitals in Ontario that have not yet had an AIDS patient should educate their staff to prevent fear and hysteria and to make it easier on that first patient.

Besides providing information on how AIDS is transmitted and educating staff about proper precautions, it's also important that health care workers understand the psychosocial strain that AIDS patients suffer, Anderson said.

Many people when diagnosed have not "come out" as homosexuals and are faced with telling their families not only that they have AIDS, but that they are homosexual.

At that point, AIDS committee counsellors have found many will talk about suicide, not because of the consequences of the illness but because they cannot face the censure of parents and fellow workers, Anderson said.

Windsor Exposure Estimate

Windsor THE WINDSOR STAR in English 9 Jan 86 pp A3, A4

[Article by Lynda Powless]

[Text] More than 100 Windsor-area people have been exposed to AIDS, but have yet to develop the disease that has killed eight local men in the past two years, says Dr. Phil Floret, Windsor-Essex County Associate Medical Officer of Health.

He said although those estimated 100 people are carrying Acquired Immune Deficiency Syndrome antibodies, there is "no way of telling if they are going to get AIDS."

Eleven local people have contracted the disease and eight have died.

For every one case of AIDS, another nine have usually been exposed, Dr. Floret said.

While he considers the numbers high, compared to cities of similar size, "We have to remember that we have the Michigan influence in Windsor and there's definitely AIDS in Michigan."

Windsor gays going to Detroit are bringing the disease back, he said, but, "I don't want people to become alarmed. The disease is not casually transmitted. It is a sexually-transmitted disease."

AIDS attacks the body's immune system, eventually destroying its capacity to resist infections. Those most susceptible are homosexuals, intravenous drug users and hemophiliacs who need frequent blood transfusions.

Dr. Floret said one local man, diagnosed as having been exposed to the virus, likely became exposed through a blood donation.

"IT IS MOST likely that he got the disease from a blood donation that had been donated prior to testing last year."

The Red Cross Society began screening all blood donations for the virus last year after three of the 300 cases of AIDS detected in Canada were linked to blood transfusions.

Red Cross officials expected all untested blood would be used up by November of last year.

The local man, believed to be suffering from a rare blood disease that requires frequent transfusions, has not developed the disease.

"We don't know if he will. Not everyone does. It's possible he could live to be 110 and never get AIDS," Dr. Fioret said.

With the local numbers of those exposed growing, Dr. Fioret said he is becoming increasingly concerned about where the disease is coming from and where it is spreading.

But a change in Ontario Ministry of Health

I'd rather they dropped the name, gave the file a number and put back the high-risk category.

"How can I do my job of warning a particular population of an outbreak of a disease if I don't have the information I require?" he said.

Medical officers of health across the province have asked the ministry to drop the name and add the risk category, he said. "Then if the test turns up positive we will know what group is being exposed and know better how to deal with it and where it may be going to."

Dr. Fioret said he could not comment on whether the AIDS virus has begun to spread into Windsor's heterosexual community.

So far, all those who have developed AIDS have been men and all are in the high-risk category. "I don't want to say they were all homosexuals, but they were all in the high-risk groups. So far we have not seen any positive tests of women or anyone in the heterosexual community," he said.

But that does not mean the virus hasn't moved into those areas. "Someone with the virus may simply not know they have it and haven't been tested for it."

Usually, the disease "begins with the gay group, and the trend is that a bisexual will bring it into the heterosexual community," Dr. Fioret said.

He explained AIDS is a sexually-transmitted disease. "It is a secretion-type disease of the bodily fluids and the most common way to get it is through anal intercourse."

"As long as you are monogamous and your partner is, you have nothing to worry about."

Vancouver Hospice Fund Raising

Vancouver THE SUN in English 23 Dec 85 p B12

[Article by Muriel Braaisma]

reporting forms — which eliminated a listing which would have shown if the exposed person was in a high-risk category — in an attempt to protect victims' identities, has left Dr. Fioret in a quandary.

"I can't do my job as associate medical officer of health if I don't know where the disease is coming from or going to."

DR. FIORET SAID the new forms list the patient's name and whether the AIDS test was positive, but do not include information such as if the victim is a homosexual, drug user or hemophiliac.

[Text] AIDS Vancouver has kicked off a \$10,000 fund-raising campaign in the hopes of setting up Canada's first long-term-care home for victims of the fatal disease.

The home will provide a place to die in peace for some and a place to rest after being discharged from hospital for others, project director Bob Tivey said Sunday.

So far, there have been 92 diagnosed cases of AIDS in B.C. and the number is expected to double every six to eight months. Tivey said 43 victims are still alive.

"There will be 1,000 cases of AIDS in B.C. by the year 1989. Existing health-care facilities cannot cope with those numbers. We need a special facility," Tivey said.

AIDS (acquired immune deficiency syndrome) breaks down the body's immune system. There is no known cure.

Tivey said the care home will contain as many as 25 beds for AIDS patients and will offer therapies and treatment.

AIDS Vancouver plans to approach all three levels of government for money, Tivey said. The city will be asked to pay for staff salaries, while the federal and provincial governments will be asked to cover the home's mortgage.

AIDS Vancouver has found a vacant downtown nursing home that could be refurbished and ready for patients by June 1986. Tivey refused to disclose the home's location.

"For obvious reasons I can't tell you where the home will be. But it is in a central part of the city."

Tivey was unable to say how much money has been raised to date, but indicated that AIDS Vancouver will accept donations of furniture as well as money.

"We're happy with the response from the general community. People are realizing that AIDS is a growing problem and are willing to give their financial support."

Tivey said AIDS Vancouver did not decide to launch its campaign for a long-term-care home in response to the University of B.C. health sciences centre's refusal last month to treat an AIDS victim. He said the home is simply needed to prevent AIDS from bankrupting the health-care system.

San Francisco has 10 such homes, which allow AIDS victims to die without artificial supports. Tivey said Vancouver should follow the U.S. example in treating AIDS and provide the rest of Canada with a model.

Tivey said he plans to get a firsthand look at U.S. homes for AIDS victims next year when he attends an International Conference on AIDS Jan. 16 and 17 in New York City.

That city has 5,000 diagnosed cases of AIDS.

Nova Scotia Child

Toronto THE TORONTO STAR in English 8 Jan 86 p A3

[Text] One donor's blood infected Nova Scotia's first child AIDS victim, and was given in transfusions to 12 other people, the province's health department says.

The infected blood was discovered after a 5-year-old in Children's Hospital here was diagnosed as having acquired immune deficiency syndrome.

The child had received transfusions from 46 donors. Doctors checked the blood from all the donors and identified the source.

That donor's blood had been given to 12 other people, said Dr. Wayne Sullivan, the health department's administrator of community health services.

Four have died from their original diseases, he said, while the other eight have been contacted and tested for the AIDS antibody.

Sullivan said one person has tested positive and one negative, and the results of tests on the other six will not be known until later this week.

The donor, he said, made three blood donations last year, before the introduction Nov. 1 of a screening process that identified the AIDS virus in blood.

The 5-year-old victim of the fatal disease is still alive and is improving in condition, Sullivan added.

Dr. Max Gorelick, provincial Red Cross medical director, said a positive test for the AIDS antibody does not mean that a patient has AIDS or will develop the disease, which destroys the body's immune system.

But he said there is a "strong relationship between antibody positivism and the ability to pass the virus."

Vancouver Teen Prostitute

Windsor THE WINDSOR STAR in English 13 Jan 86 p A1

[Text] VANCOUVER (CP) — Authorities say a 14-year-old Vancouver girl has been diagnosed as Canada's first AIDS-infected prostitute.

The girl, who ran away from home and became a drug addicted-hooker, was placed in a foster home in July. Two months later she was told she is a carrier of the AIDS virus.

— Officials of the B.C. Federation of Foster Parents Associations and Human Resources ministry confirm they know of the case.

The foster parents' group has scheduled a board meeting Friday to discuss the problem.

Experts say about seven out of every 100 carriers of the AIDS virus develop the usually fatal acquired immune deficiency syndrome.

/13104

CSO: 5420/44

AIDS INCIDENCE, RELATED MEASURES REPORTED

Theory on Hemophiliacs

Ottawa THE CITIZEN in English 28 Nov 85 pp A1, A14

[Article by Jane Defalco]

[Text] Hemophiliacs and people requiring frequent infusion of blood products have a very high rate of exposure to AIDS, yet so far they seem far less likely to develop the fatal virus than others who are exposed, says the head of the federal Laboratory Centre for Disease Control.

Dr Alastair Clayton was commenting on the disclosure that a "high number" among close to 100 high-risk children treated at the Children's Hospital of Eastern Ontario have been exposed to AIDS.

Clayton says tests done on other high-risk groups at several centres in Canada have found about 50 percent or more of them have the AIDS antibody in their blood, indicating they've come in contact with the virus.

Epidemiologists predict that between two- and five-percent of people with the antibody will eventually develop AIDS.

But Clayton says despite the widespread exposure to the virus among people who have regular transfusions or infusions of blood, only a handful have so far gotten AIDS.

The Children's Hospital won't say what percentage of the high-risk children it tested have been found to be carrying the AIDS antibody. The number tested was more than 75 but less than 100.

The children are being treated for hemophilia, a condition where blood won't clot; thalassemia, a rare hereditary disorder; or sickle cell anemia, which primarily affects black people.

The latest national statistics on AIDS show that only four hemophiliacs--none of them children--have developed AIDS. That's about one percent of the 381 Canadian victims. Six other people, including one infant, have gotten the disease through blood transfusions.

virus.

Hemophiliacs, for example, are given a coagulation component that is collected from thousands of donors and pooled together, then made into a powder.

Because of the large number of donors, there's a strong chance some AIDS-tainted blood was pooled into the coagulation component. That danger was removed when the screening process was recently introduced.

Tiny amounts can cause the HTLV-III AIDS antibody to be formed, but it usually takes a much larger dose of the virus to actually infect someone, said Clayton.

Clayton says although there is no test yet to confirm this, he believes this repeated, low-level exposure to AIDS through tainted blood products may have stimulated production of another type of antibody that has the ability to neutralize or inactivate the fatal acquired immunodeficiency syndrome virus.

Exposure to AIDS through blood products was eliminated Nov. 1 with the screening by the Red Cross of all donated blood. Since the spring, blood components that come in powder form have been heat treated to kill AIDS virus.

Clayton says he believes many patients who regularly received blood products that were previously unscreened for AIDS have somehow developed the ability to ward off the AIDS virus through their body's response to repeated exposure to tiny amounts of the

The HTLV-III antibody that indicates exposure to AIDS is different from most antibodies in that it doesn't neutralize or attack the invading virus, said Clayton.

Dr. Victor Blanchette, a hematologist at the Toronto Hospital for Sick Children, said similar tests done in May on about 100 hemophiliacs treated there show about 50 per cent of them have the AIDS antibody. He said final statistics are still being compiled, but that he expects the overall percentage of exposure to be about 50 per cent.

He said this level of exposure is consistent with findings in the U.S., where HTLV-III antibodies has been found in as high as 90 per cent of some groups of hemophiliacs and other patients needing blood components regularly.

Blanchette said Clayton's theory that this group may be less susceptible to contracting AIDS than others is "interesting," but it will take several years of follow-up studies to prove the theory.

Parliamentary Committee Study

Ottawa THE CITIZEN in English 4 Dec 85 p A10

[Article by Janice Middleton]

[Text]

There are probably hundreds more AIDS victims in Canada than is known by federal health officials because only six provinces require doctors to report the fatal disease, an AIDS expert told a parliamentary committee in Ottawa Tuesday.

Bob Tivey, project director of AIDS Vancouver, an information and support service for AIDS patients in British Columbia, estimates the "real" number of AIDS cases is close to 650 with "many people out there on the verge of being diagnosed."

As of Tuesday, there were 386 confirmed cases of AIDS (295 men) in Canada and 199 deaths of AIDS since the disease was first reported 2 1/4 years ago. Of those, 159 cases have been confirmed in Ontario where 79 people have died. In Ottawa 13 AIDS cases have been diagnosed with three deaths so far.

Because not all provinces are reporting cases of acquired immunodeficiency syndrome and because the reporting process is slow, the

situation is more serious than official statistics reveal, Tivey said.

He said he knows of several deaths caused by AIDS in B.C. that went unreported.

It's time large cities set up support services to help AIDS patients, Tivey added.

In an interview, Tivey said Ottawa has need for an AIDS centre as it has a homosexual population of about 27,000. The majority of AIDS victims are homosexual men. The Ottawa-Carleton district health unit opened an AIDS hotline on Nov. 5.

In the U.S., about 15,000 cases of AIDS have been diagnosed and half the victims have died.

Ontario, British Columbia, Alberta and Saskatchewan made it mandatory to report AIDS more than a year ago. Prince Edward Island and New Brunswick now also require doctors to report AIDS cases to the federal government's disease control centre.

There are no reporting requirements for the other four provinces and the two territories.

Quebec is now making AIDS a notifiable disease under its provincial health legislation.

Kim Elmslie, health studies officer for the Laboratory Centre for Disease Control, says: "There is no way of knowing exactly how many AIDS cases there really are."

If AIDS continues to double every eight to 10 months, the current rate, it will cost the Canadian health care system \$1 billion a year by 1990 when it is expected 20,000 new cases of the disease will be diagnosed, federal health minister Jake Epp has said.

The parliamentary committee, studying the AIDS issue since October, is determining how money should be allocated for research on the disease and care of AIDS patients.

One of the largest studies now underway in Canada involves following the health of 248 homosexual and bisexual men in Toronto who

have had sexual intercourse with AIDS-infected partners.

The University of Toronto study, supported by a \$784,228 first-year grant from the Ontario government, will monitor the health of the men over the next three years.

Project spokesman Stanley Read said tests for the first 188 participants show 111, or 59 per cent, carried the AIDS antibody, indicating they had been exposed to the AIDS virus.

In addition to monitoring the men's health, researchers will also be trying to find out which sexual acts are more likely to result in the spread of AIDS and which factors determine whether someone exposed to AIDS will develop the disease.

Tivey said Vancouver has granted his project \$50,000 for each of the next two years to set up an information office and an AIDS hotline, which is getting 85 to 150 calls a day.

Ottawa Woman's Death

Ottawa THE CITIZEN in English 20 Dec 85 p C3

[Article by April Lindgren]

[Text]

An Ottawa woman who died unaware that she had AIDS probably contracted the disease through a blood transfusion, says the director general of the federal Laboratory Centre for Disease Control.

Alastair Clayton said Thursday it is rare in North America for a woman to contract acquired immunodeficiency syndrome from intercourse with an AIDS-infected man.

The Ottawa woman, who was more than 50 years old, suffered a lengthy illness before she died in hospital a few weeks ago.

Blood tests performed during an autopsy on the woman showed she had AIDS, prompting a search by health officials into how she contracted the disease.

But Dr. Ian Gemmill, associate medical officer of health for Ottawa-Carleton, said Thursday it is unlikely the mode of transmission will ever be proven.

The search into the woman's background has been going on for several days and "I wouldn't hold my breath for an answer."

The woman lived in other cities before moving here and had several operations in hospitals outside of Ottawa. Her medical records are not well-documented.

Of the 411 Canadians known to have AIDS, 23 are women and five are female children.

AIDS, which destroys the body's immune system so that victims fall prey to a variety of illnesses, is most common in homosexual and bisexual men and intravenous drug users.

Clayton said that in North America, there are 13 men for every woman with AIDS.

The AIDS virus is transmitted more easily between male sexual partners because body tissue is torn during anal intercourse, allowing the virus into the bloodstream.

Such injuries are rare in heterosexual intercourse.

A survey of blood samples from 200 prostitutes in three western Canadian cities has turned up no trace of the AIDS antibody, Clayton said.

Clayton said a small number of prostitutes in the U.S. have been identified as AIDS carriers, but they are also intravenous drug users.

Windsor Incidence

Windsor THE WINDSOR STAR in English 29 Nov 85 pp A1, A13

[Article by Lee Palser]

[Excerpt]

Delayed more than 11 months, the anti-viral drug suramin has arrived in Vancouver for clinical testing on AIDS patients, but doctors say they don't have the money or the laboratory to begin the study.

The further delay in the release and testing of potential acquired immune deficiency syndrome drugs in Canada has desperate local AIDS patients contemplating breaking the law to get drugs from the U.S.

"We have waited so long to have a drug released, and now we have to continue waiting," said Kevin Brown, 36, who learned he has AIDS in July. "I am at my wit's end. I am setting up a connection to see if I can have drugs from San Francisco sent to me. No one knows the constant psychological torture we go through waiting."

Dr. Karen Gelmon, an internist with the St. Paul's AIDS care group, said although the federal Health Protection Branch has approved a protocol, or design, of a drug test with suramin, neither the federal or provincial governments have made money available for laboratory facilities needed to grow the AIDS virus, essential to the study.

She said no testing will start until either a viral culture lab is built in Vancouver or the study is given enough money — about \$5,000 a patient — to send blood specimens to a viral culture lab in Montreal.

"We need access to a viral culture lab because we need to be able to grow the virus to know if the drug is effective. It is of no use (as a study) to just give the drugs (to the patient) when we are not able to follow its effect," Gelmon said.

In a viral culture lab, the AIDS virus in the patient's blood is coaxed to grow in a medium outside the patient's body, Gelmon said. It is the only way researchers can determine whether the virus is still infecting the patient. Drugs such as suramin are determined to be effective if, after the patient has taken the drug, the virus can no longer be cultured from his blood.

Dr. Michael Rekart, director of the new

provincial AIDS laboratory, said in a recent interview it would take a number of months to set up a viral culture lab in Vancouver. He did not know how much it would cost.

Gelmon said each patient in the study must have 10 samples of blood cultured for the virus over a six-month period, at a cost of \$500 for each sample. Gelmon said 24 AIDS patients in various centres across Canada will be taking part in the study at a cost of about \$5,000 each.

"We are negotiating about the money but we don't know where we are going get it or how long it will take. The drug companies that make suramin are not interested in providing funds to have the drug tested," she said.

Gelmon said the protocol for drug testing was first submitted to the HPB for approval in January 1985.

"There have been delays all the way down the line. Basically it is because we really don't have any effective agents yet."

Suramin is the first AIDS drug approved for clinical trials in Vancouver. It is highly toxic and can make patients very ill, Gelmon said. As well, studies in the U.S. have not shown the drug to be effective in killing the AIDS virus. Doctors and patients, however, say the drugs can have a tremendous psychological benefit for the AIDS patient.

"The stress of having all these delays for drugs will kill me before the virus drug," said Brian, 31, whose AIDS was diagnosed last January. "I have been taking zip. There is nothing for me to take. You don't know how frustrating that is to feel as if you are doing nothing for your disease. At least if we take suramin we feel that we are doing something."

"We know it is not a miracle drug, but there isn't anything else out there," Brown said. "I'm dying. There isn't anything they can give me that is worse than what I already have."

Windsor is in the midst of an AIDS epidemic in the high-risk community while a control for the disease remains years away, says Dr. Phil Fioret, associate Medical Officer of Health.

Dr. Fioret told the Metro Windsor-Essex County Health Unit board Thursday three more cases of Acquired Immune Deficiency Syndrome have been discovered in this area in the past three weeks.

One of the three has already died, Dr. Fioret said, bringing to nine the number of confirmed deaths locally.

"This is truly a nasty disease ... that doesn't wait around," he said.

"IF YOU DESCRIBE epidemic as more cases than you would expect, then certainly there is an epidemic in that sense happening among the high risk groups.

"The message I am trying to get across (to most people) is to not get worried about this. The people who are coming down with this are in those high risk groups — the sexually promiscuous, the homosexual population and people who have abused intravenous drugs."

Dr. Fioret said he doesn't believe there is cause for "panic" in the community. He urged preventative measures among those in both risk and non-risk categories.

He also said he is not certain this

area has a "higher than average" ratio of AIDS cases to the general population. But it appears that some of those who are in the high-risk categories have been having their blood tested for the disease's associated antibodies in Detroit rather than in Windsor.

He said there are at least two reasons local residents would go for testing in the U.S.

"First of all, the test wasn't readily available in Canada until very recently," he said. "Also, there were a lot of questions of just what kind of reporting we would be doing here — there was a lot of concern about that."

"We have been trying to assure people of the confidentiality of our records — they always have been and always will be."

Windsor's proximity to Detroit has probably contributed to the high numbers of AIDS victims in this area, Dr. Fioret said. There has been no indication that heterosexuals here have contracted AIDS, but that is not the case elsewhere.

A breakout in the community as a whole remains a grave concern, he said, but stressed that the biggest threat is to homosexuals and promiscuous heterosexuals.

But Dr. Fioret said there is growing fear that those involved in health care — doctors, dentists, lab technicians, nurses and ambulance attendants — may also come in contact with AIDS through their daily duties.

"IF THE WORRY exists, it would

be only that such a person could get it," he said, noting that he has given lectures to several professional groups about the disease. "Again, the risk would be to the individual and perhaps his sexual partner. The rest of the family really isn't at risk — it just isn't that easily spread."

"There are always risks associated with any job, including the health care professional. And it isn't just AIDS — there are other diseases that are transmitted."

Included, he said, would be hepatitis and tuberculosis, for example, but hospitals and associations are helping keep their staffs on alert.

While there is widespread public concern about how easily the disease is spread, he noted, the AIDS virus is weak and does not last long outside the body. Fears of contracting AIDS by shaking hands with a victim or being breathed on are not realistic.

MEANWHILE, the health unit's infectious disease drop-in clinic is conducting free blood tests Mondays between 9 a.m. and noon, said Dr. Fioret. The samples are sent to Toronto for analysis and the results are kept confidential.

If people are wary of coming into the clinic, he said, the same testing can be conducted by a family doctor.

Dr. Fioret said it is "difficult to allay concern" in the community about the AIDS problem because of the severity of the outbreak and the fatal nature of the disease. He does not believe a cure or even vaccine can be developed before the end of the decade.

/9274

CSO: 5420/40

DISEASE CENTER REPORTS RISE IN HERPES INFECTIONS

Toronto THE SATURDAY STAR in English 14 Dec 85 p L3

[Text] Infections from the herpes virus continue to rise in Canada, according to a report from the Laboratory Centre for Disease Control in Ottawa.

The centre received 12,179 reports in 1984, a 20 per cent increase over 1983 and an eight-fold increase over 1978, the first year for which figures were available nationally. The greatest increase in 1984 was in people 40 to 44 and there was a decrease in reports involving children under 6 months.

The laboratory centre says media attention about genital herpes may have led to more patients seeking a diagnosis, but the continuing upward trend in reports suggests a true increase in incidence as well.

/8309

CSO: 5420/41

MEASLES OUTBREAKS REPORTED IN VARIOUS AREAS

Manitoba 'Epidemic'

Windsor THE WINDSOR STAR in English 17 Dec 85 pp A1, A4

[Text] Winnipeg--A red measles epidemic in the northern Manitoba city of Thompson is one of the worst to hit North America in the last five years and it is spreading, a physician who examined the outbreak said Monday.

Dr. Ted Redekop, Thompson's regional medical officer, said about 200 cases of the highly contagious disease have been found among school children in the city of 15,000 people, located about 800 km (500 miles) north of Winnipeg.

Dr. Redekop said the number of cases could be even higher because children with symptoms of the airborne virus often stay home.

"Obviously you don't see everyone. An epidemic means different things to different people, but when you aren't expecting any this many is an epidemic."

Dr. Richard Stanwick, a community medicine pediatrician from Winnipeg, was in Thompson last week to analyse the outbreak.

Medical literature on red measles outbreaks indicates the Thompson epidemic is worse than a record outbreak last year which affected children along the Texas-New Mexico border.

In the U.S. outbreak, 76 of 8,000 children fell victim to the disease.

Dr. Stanwick said about 200 out of approximately 4,000 school children and 1,500 to 2,000 pre-schoolers in Thompson have caught the virus.

The Thompson outbreak has "three times the attack rate as the American experience," he said.

The virus has now spread to people in other age groups as well. A new born in Thompson recently caught the disease from its mother.

Dr. Stanwick said the World Health Organization has identified red measles as a disease that should be eradicated. "Measles is a disease that should be a memory," he said.

Red measles can result in death and permanent brain damage by causing inflammation of the brain.

"People say it is a common childhood disease, but the effects are serious," he said. "It (immunization) could be life saving," said Dr. Stanwick.

Meanwhile, the Thompson outbreak has spread to Winnipeg with as many as 30 children and teenagers displaying clinical symptoms. One case has been confirmed.

A Winnipeg high school and an elementary school have already held immunization clinics and a third clinic at another high school is planned for Thursday.

The red measles vaccine (MMR vaccine) is about 95 per cent effective in protecting people from catching the virus, depending on when it is injected.

"If everyone is immunized, five to 10 per cent could catch it anyway because the immunization didn't take," Dr Stanwick said.

But he said the disease usually doesn't spread any further because there aren't enough susceptible people to catch the virus.

He said Thompson, for unknown reasons, did have a pool of people susceptible to red measles. He said the mobile nature of the community's population makes it very difficult for health officials to check immunization records.

"Right now control is the key," Dr. Stanwick said. "Then we'll figure out the why, where it came from and how it spread."

In a city-wide blitz Monday, all eight Thompson schools and many city day-care centres held immunization clinics, Dr. Redekop said.

About 890 Thompson children of all ages were identified Friday as doubtfully immune. Twenty-five per cent of these cases were later found to be immunized.

Sixty-five people children were immunized Saturday at Thompson's provincial public health unit.

Vancouver, Ontario Reports

Toronto THE TORONTO STAR in English 20 Dec 85 p A16

[Article by Lillian Newbery]

[Excerpts] Although it's theoretically possible to wipe measles off the face of the earth, some Canadian young people are still coming down with the disease.

Despite the availability of a vaccine, this month schoolchildren in Thompson, Man., and about 150 in Vancouver have caught measles.

Up to Nov. 23 this year, the Laboratory Centre for Disease Control in Ottawa had received reports of 2,419 cases of measles across Canada, 505 of them in Ontario.

According to Dr. Stan Acres, chief of the communicable disease division of the Federal Health Protection Branch, measles occurs worldwide and can be a serious disease. Complications such as middle ear infections and bronchopneumonia occur in one in every 10 cases.

An inflammation of the brain called measles encephalitis occurs in approximately one of every 1,000 cases and may result in mental retardation, Acres said.

"Death is estimated to occur once in 3,000 cases of measles."

One Vancouver boy is seriously ill in hospital after developing meningitis from the measles, said Dr. Ted McLean, director of communicable diseases for the Vancouver health department.

In 1981 and 1982 Ontario and New Brunswick introduced legislation requiring children entering school to be vaccinated against measles, mumps, rubella, diphtheria, tetanus and polio. Manitoba has since passed similar legislation but most provinces are maintaining voluntary immunization.

McLean said this year's epidemic caught health officials by surprise because outbreaks of measles usually occur every three to five years. "This is highly unusual," McLean said. "We don't usually see an outbreak two years running."

Nova Scotia Cases

Toronto THE GLOBE AND MAIL in English 11 Dec 85 p A2

[Text] The first proven cases of red measles in more than a year have been verified by Nova Scotia health officials. Thirty cases have been reported in the New Waterford-Glace Bay area since late October.

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CSO: 5420/41

INFLUENZA CASES REPORTED AT TORONTO HOSPITALS, NURSING HOME

Norwalk Virus at Mount Sinai

Toronto THE GLOBE AND MAIL in English 21 Nov 85 p A5

[Article by Susan Delacourt]

[Text]

BY SUSAN DELACOURT
The Globe and Mail

The flu that halted admissions to Toronto's Mount Sinai Hospital has been identified as being caused by the tiny, extremely contagious Norwalk virus, and epidemiologists have determined it came from outside the hospital.

The precise source of the virus, however, still eludes scientists studying the outbreak, which has affected about 600 patients and staff members at the hospital.

The discovery came as Mount Sinai began to readmit patients on a limited basis. About 20 were taken in yesterday, but the emergency department remains closed and the hospital is stressing that admissions are being kept to a minimum.

The Norwalk virus strikes in a way similar to other viruses, said Janine Girard-Pearlman, a Mount Sinai spokesman. Now that the outbreak appears to have waned — only 11 new cases were reported yesterday — the hospital feels confident in beginning to readmit patients, she said.

The culprit was identified shortly after the arrival of a three-member team from the U.S. Centres for Disease Control at Atlanta. Their findings confirmed the suspicions of epidemiologists working at Mount Sinai, Ms Girard-Pearlman said.

The Norwalk virus, which has never been known to be fatal, is transmitted through water, accord-

ing to Wah-Kiam Chia, technologist in charge of the virology department at Toronto General Hospital. That means that the primary way to catch the illness would be by drinking water or eating food cooked in water containing the virus.

Mr. Chia was one of dozens of scientists in several hospitals looking into the cause of the Mount Sinai epidemic. His investigation also pointed to the Norwalk virus, which is about the size of a polio virus and extremely difficult to detect.

This is not the first time the Norwalk virus has affected the operations of an institution. It has made its presence felt in several nursing homes and schools in the United States in recent years. It is, however, the first time a flu has halted admissions to a Toronto hospital since the early part of the century, the city health department said.

There have been no reports of the flu striking outside Mount Sinai. Flu reports are slow to come in, health department spokesman Anne Moon said, but doctors would be wise to report cases similar to the Mount Sinai illness.

The hospital decided not to admit new patients last Friday, after 60 new cases were reported. About 175 of its beds remain empty, but other downtown hospitals, such as Toronto General and St. Michael's, say they are not having any increase in patients.

Wellesley Hospital

Toronto THE TORONTO STAR in English 26 Nov 86 p A7

[Text] Sixteen staff members and six patients at Toronto's Wellesley Hospital are suffering from flu-like symptoms similar to those in the recent outbreak at Mount Sinai Hospital, a Wellesley official says.

That's four more staff members and four fewer patients than Sunday, the official said yesterday.

The count on patients was reduced because the "gastro-type" problems reported did not fall into the same category, the spokesman added.

The outbreak at Wellesley is not nearly as widespread as that the flu-like virus at Mount Sinai, which struck 730 patients and staff before it was brought under control.

Normal admissions to Mount Sinai resumed last Saturday.

At Wellesley, two sections of the fourth floor remain closed while attempts are made to trace the virus.

The hospital is unlikely to identify the virus before tomorrow, spokesman George Truss said.

In Mount Sinai's case, a special team from the Atlanta Centres for Disease Control flew to Toronto and classified the virus as Norwalk. The virus is said to be so contagious it can spread without direct bodily contact.

Visiting is not restricted at Wellesley, Truss said, but visitors are being cautioned.

Heritage Nursing Home

Toronto THE SUNDAY STAR in English 1 Dec 85 p A3

[Article by William Clark]

[Text] A flu-like virus that causes vomiting and diarrhea has struck 25 more residents at the Heritage Nursing Home as the highly contagious illness continues its sweep of the Queen St. E. facility.

Administrator Jordan Glick said 53 of the 201 residents and six staffers have been affected since Wednesday.

"The doctor just told us that we could be dealing with something that won't leave us until every resident has gone through it," he said.

Glick said tests still are being conducted but it's believed Heritage has been struck by the Norwalk virus, which affected more than 730 patients and staff at Mount Sinai Hospital several weeks ago and two dozen people at Wellesley Hospital.

The virus, although very unpleasant, isn't dangerous, health authorities say.

It runs its course in 24 to 48 hours, but people can continue to spread it for an additional 72 hours.

Isolated in Rooms

Glick said nursing home staffers are wearing gowns, masks and gloves in an attempt to stop the virus from spreading.

"Those residents who have it are isolated in their rooms," he said. "Whatever goes into their rooms stays there or goes into the garbage."

The nursing home has been closed to visitors and volunteers until the outbreak subsides.

Doug Enright, a health ministry spokesman, said yesterday the Norwalk virus is "not a serious illness--it's not associated with death."

"The symptoms are flu-like, but flu would tend to be more serious," Enright said.

Flu can affect the respiratory system and "tends to last considerably longer--a week to 10 days," he said.

/8309

CSO: 5420/41

HIGH DIABETES INCIDENCE REPORTED AMONG SW ONTARIO INDIANS

Toronto THE TORONTO STAR in English 20 Dec 85 p A2

[Article by Paula Adamick]

[Text] London, Ont.—Nearly 50 per cent of Indians on southwestern Ontario reserves develop diabetes by age 45, compared to only 10 per cent of the general population, a doctor says.

"I'd call it an epidemic among Indians in southwestern Ontario," said Dr. Susan Ebers, an expert in infectious and epidemic diseases at the University of Waterloo. Her findings are the result of a recent study done with doctors who serve the Oneida, Chippewa, and Muncey reserves near London.

Diabetes was unknown in native Canadians prior to 1940, Ebers said, and diet may be an important factor in the high incidence.

"We are now seeing adult diabetes frequently in teenagers," said Dr. Irwin Antone, a member of the Oneida band.

Studying Diet

"We're looking at the present diet to try to change it from the high sugar and high starch, back to the more traditional diet of lentils, vegetables and lean meat."

Antone said many teenagers on the reserve are obese, contributing to the development of diabetes, as well as an abnormally high incidence of high blood pressure, anemia, bronchitis and pneumonia.

"But we don't think it's just diet causing this," said Antone. "There's a lot of social stress on the reserves as well."

Terry Henry, 43, chief of the Chippewa band has been affected by diabetes.

"Diabetes is just a fact of life on the reserve," he said. "I know that neither I, my wife or my child will live as long as yours."

Henry's wife was diagnosed as diabetic two years ago. Her sister and brother are both diabetic. In addition, Henry's father died of renal failure, a diabetes complication, while in his 50s. Of his father's seven brothers and sisters, Henry said that six died of diabetes complications.

Treating the problem may be a complex matter.

Caused by Stresses

"You must have mental health as well as physical health," said Oneida chief Alfred Day, "It's a very slow process and we're not going to get out of it overnight."

Day thinks that the health of native Canadians has been eroded by both cultural and physical stresses.

"These factors have created uneasiness and sickness and have combined to have a major negative impact on their health," he said.

Leroy Dolson, the Muncey chief, said the incidence of diabetes is probably higher than 50 per cent because Eber's estimate is based on band members who visit doctors. He said some natives still don't visit doctors because of dissatisfaction and the high turnover in clinic staff.

"Always meeting new faces, it is hard to get trust in anyone," he said. "If you don't have trust, you won't go."

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CSO: 5420/41

CANNED MUSHROOMS SUSPECTED IN FOOD POISONING IN ONTARIO TOWN

Ottawa THE WEEKEND CITIZEN in English 30 Nov 85 p A4

[Text]

TIMMINS (CP) — The federal Health Department is conducting a nationwide check of Astra brand commercial canned mushrooms to determine whether they caused 17 cases of food poisoning at a local community college.

Seventeen people reported suffering food poisoning on Nov. 22 after they ate pizza with mushrooms at a cafeteria managed by Beaver Foods Ltd. at Northern College.

Inspectors from the Porcupi health unit have determined the food poisoning was from the mushrooms, but whether the cause stems from contaminated cans or food handling has yet to be discovered.

The Health Department is "doing a check across the provinces to see if there were any other re-

ported cases of food poisoning from the canned mushrooms," which are sold to institutions and restaurants, said Bruce Fortin, supervisor of the health unit.

"Right now we know the unopened cans we checked were all right, but there may have been others across the country we don't know about."

All 17 people were treated but none was put in hospital, Fortin said.

Alexander Hukowich, local medical officer of health, said it appears the cause was improper handling since contamination was not found in unopened cans.

Hukowich said all cans of mushrooms and samples of the pizza have been collected and the health unit is continuing its investigation.

/8309

CSO: 5420/41

BRIEFS

MEASLES IN MANITOBA--The total number of measles cases reported in Winnipeg has climbed to 110 with the discovery of 10 new cases on Monday, Manitoba's director of communicable diseases said. Dr. Margaret Fast said that depending on the number of youngsters still in need of immunization, it may be necessary to set up more emergency clinics. In Thompson, Man., more than 250 school children have been struck by measles. The disease is generally not threatening but in rare cases can result in encephalitis, a dangerous inflammation of the brain. [Text] [Toronto GLOBE & MAIL in English 8 Jan 86 p A23] /13104

ONTARIO TB CASE--The Temiskaming health unit is conducting tests for tuberculosis after a registered nurse at a hospital in this northern Ontario community was found to have the disease last month. John Armstrong, Englehart District Hospital administrator, said the 318 patients who had been admitted to the hospital since June 1985 are among those being tested. Dr. Brian Primrose of the health unit said 69 residents and 16 staff members have contracted the TB bacteria. [Text] [Ottawa THE CITIZEN 9 Jan 86 p A10] /13104

CSO: 5420/46

BILHARZIA ELIMINATION DISCUSSED

Cairo THE EGYPTIAN GAZETTE in English 5 Jan 86 p 3

[Text]

THE problems of Bilharzia have increased and become an even greater threat, as rats have become carriers of the disease, which increases the possibilities of man's infection. The potential effects of the spread of this disease, warrant an immediate and effective solution.

Dr. Medhat Khafagi, a professor of Tumour Surgery at the Cancer and Tumours Institutes, has developed an original solution to remedy this problem. The basis of the solution is to eliminate the small canals which now supply the fields with water and establish a system of pipes, ranging between 8 and 12 metres in size. A water pump, gauged to pump water at a certain pressure, would be installed at the beginning of each pipe. As a result of the rapid flow and pressure of the water, rats and Bilharzia worms would be unable to survive. Furthermore, the elimination of the canals would prevent their contamination by humans, another factor contributing to the spread of this disease.

The implementation of this system would also increase the amount of arable land, by virtue of the elimination of the canals and water wheels. Water wheels and canals now encompass approximately 140 feddans, worth an estimated LE 1.7 million. These funds could be used to defray the costs of the pipes and pumps for the new system.

An additional related benefit to be derived through the use of this system is that the use of cattle to turn

the water wheels will be eliminated and the animals could be used for the production of milk and meat, thereby enhancing the country's animal production.

Adoption of this system would also allow the farmers to employ modern irrigation techniques, such as the drip and spray methods, which conserve approximately 50 per cent of the water used. Furthermore, the elimination of the canal system would prevent the penetration of canal water to subterranean water sources and the great loss of water through surface evaporation. These factors would increase the amount of water available to reclaim and cultivate new areas.

Dr. Khafagi's proposal is viable and its implementation would decrease the prevalence of Bilharzia, increase the amount of cultivable land and a more efficient and effective use of both the country's animal wealth and its water resources. Relevant governmental officials should give serious consideration to this suggestion and should refine any technical areas necessary to insure its beneficial application in the pertinent areas of Egypt.

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CSO: 4500/60

ASIKASU FIGHTS GUINEA-WORM OUTBREAK WITH BORE HOLES

Accra PEOPLE'S DAILY GRAPHIC in English 12 Dec 85 p 8

[Article by Abdul Aziz]

[Text] The people of Asikasu, a farming village in the Berekum District of Brong-Ahafo, have constructed boreholes as a means of fighting guinea worm which has broken out in the area.

According to Mr Anane Adjei, Brong-Ahafo Regional Organising Assistant of CDRs, with this measure, the disease is being brought under control.

He said they had to take the initiative since the disease was threatening farming and schooling activities in the area. The classrooms were virtually deserted as teachers and school children fell victim to the disease, he said.

Mr Anane Adjei mentioned Dormaa District, Berekum and Sunyani as some of the badly affected areas.

He further announced that the CDRs and health authorities in the region have started an educational campaign with the Berekum district on the need to boil water before drinking it.

CSO: 5400/65

PLANS FOR NEW, CUBAN-ASSISTED MEDICAL SCHOOL REVIEWED

Georgetown GUYANA CHRONICLE in English 1 Nov 85 p 5

[Text]

HEALTH MINISTERS of Cuba and Guyana yesterday lauded the establishment of the Medical School under the aegis of the University of Guyana.

Health Minister Richard Van West-Charles noted that the programme will produce community-oriented physicians, competent in health promotion and preventive, curative and rehabilitational aspects of medicine.

And delivering one of several greetings at the launching ceremony, Cuban Public Health Minister Sergio Delvalle, said the move by Guyana is "a major step forward in medical care for its people."

The Cuban-assisted project is a "modest yet eloquent" example of the possibilities of co-operation by Third World countries to solve problems, he said.

Cde. Van West-Charles, who assured that the local medical school will be of comparable quality to other medical schools, noted the keen involvement of the late Founder-Leader, Cde. Forbes Burnham in initiating arrangements for the school's establishment.

Launching of the school he said, is "an example of the legacy" left by Cde. Burnham.

The Health Minister outlined the programme of the school highlighting the community focus in the first two years, when students will be sensitised to the environment. It has already been decided that the students will be first exposed to the communities of Buxton, Grove, West Ruimveldt and Melanie Damishana.

Students will rotate among local hospitals in later years of the programme, being exposed to Medicine, Psychiatry, Obstetrics and other areas. Contact with the community will however be maintained.

Students' representative Nellie Le Bennett, addressing the gathering, opined that the students have "done nothing yet". Their gratitude to Guyanese for providing them with the opportunity at the medical school will be evident when the students go out into the community, she said.

The school, she said, demonstrates the will of the government to provide locally, professional training

previously only available abroad.

University of the West Indies representative Dr. Rolphie Richards said medical education in the English speaking Caribbean has been organised on British lines.

It is not surprising, he said, that 45 per cent of the 2 000 UWI medical graduates are living and practising in Canada, the United States and Britain.

He said Caribbean countries will always remain "Third World" countries so long as there is no development of concepts by the countries to serve their own needs.

And University of Guyana Vice-Chancellor George Walcott stressed that he saw the question of recognition of the Medical School outside of Guyana to be irrelevant by itself.

The main test of the school he pointed out, is service to Guyanese people. Any recognition the school gains on this basis, he suggested is welcome. (GNA).

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CSO: 5440/038

PRESS REPORTS RAMIFICATIONS OF AIDS SCARE

Call for Separate Blood Test Center

Hong Kong HONGKONG STANDARD in English 23 Nov 85 p 2

[Text]

WANCHAI district board member Dr Albert Cheung, who is also a bio-chemist, yesterday called for the setting up of a separate blood testing centre.

The new centre, he said, could be used by people, who now have their blood tested on the pretext of being donors.

Blood tests for potential donors are provided free of charge.

Dr Cheung said: "The aim of the proposal is to prevent our blood bank becoming polluted."

His call came after the disclosure by the Red Cross saying that they had detected positive cases of donors having been exposed to the Acquired Immune Deficiency Syndrome (AIDS).

The director of the Blood Transfusion Service, Dr Susan Leong, said that a small number of cases indicated

antibodies of the Human T-Lymphotropic Virus Type-III in donated blood.

Dr Cheung said at present homosexuals and drug addicts could test whether they had AIDS virus in their bodies by submitting samples through private practitioners, which needed money, or free through blood donation.

Dr Cheung said present testing methods were unable to detect virus antibodies in up to three people among 100 AIDS patients. This was because of the low level of the virus in certain cases and different anti-bodies in others.

This could well result in the danger of getting the virus into our blood bank.

He said to prevent people abusing the testing service which accompanied blood donations, the government should open a separate blood testing centre providing free testing service.

Blood Donors Frightened

Hong Kong SOUTH CHINA MORNING POST in English 23 Nov 85 p 16

[Text]

FEAR of AIDS among Hongkong blood donors this year caused a 12 per cent drop in blood donations to the Red Cross in March.

This was revealed in the annual report of the Hongkong Red Cross, which described the AIDS scare as the major problem affecting the recruitment of new donors.

This followed the admission of the first victim of Acquired Immune Deficiency Syndrome to a local hospital. Since then there have been two other cases and two fatalities.

The Hongkong Red Cross annual report blamed the media for the decline in response.

"The almost daily accounts since then in the newspapers, on TV and on radio, which described one or other aspects of the disease, further eroded donor response, and by the end of March a noticeable drop in response of 12 per cent was seen over the two-month period

as compared with last year's figures," said the report.

"In order to allay the public's fears, consistent efforts are being made, and will continue to be made, to publicise and reassure people that the giving of blood can in no way put them at risk of catching the disease."

In spite of the AIDS scare, the total blood collected in the year to March represented a 6.4 per cent increase compared with the previous year.

However, while the media was blamed for causing the drop-off in donations for the blood collection centres, it was credited with giving "enthusiastic support for our cause during the year."

It was also credited with helping to dispel fears that donors could catch AIDS by donating their blood, and blood donations have since recovered to normal levels.

Hotline for High Risk Groups

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 24 Nov 85 p 1

[Article by Ann Quon]

[Text]

A special AIDS hotline starts tomorrow for those who fear they have the killer disease.

It is for the exclusive use of high-risk groups, including homosexuals, haemophiliacs, and drug addicts. And it is being introduced at a time when the gay community is increasingly worried about the activities of the SIU — the Special Investigations Unit — set up by the police to investigate homosexual activity, which is illegal in Hongkong.

The hotline is sponsored by the Medical and Health Department which has been under growing pressure to step up measures to contain the spread of AIDS.

It will be manned by a trained senior health nurse under instructions to treat all inquiries in strict confidence.

Initially, the hotline (3-7102233) will be open on Monday to Friday from 2 pm to 4.30 pm, but the hours will be increased if demand rises.

This facility is different from the public hotline set up in March for general AIDS inquiries. The thinking now is that so much fear and misinformation surrounds the disease that the Government must diffuse it by targeting those most susceptible.

People using the service will be given a secret code to guarantee anonymity and counselling will be provided over the phone. A consulting physician will be on call to handle more detailed inquiries.

Free blood tests and back-up clinical services will be provided.

"While we have no evidence to prove that AIDS is a serious problem yet, we don't want AIDS to spread.

Nat's why we are setting up this service. If it does spread, it will be through the high-risk groups," said Dr F.K. Yeoh, Hongkong's foremost authority on the disease and a member of the

Government's key AIDS think-tank group, the AIDS Advisory Committee.

So far, three people have died locally from the disease, which attacks the body's immune system.

Meanwhile, members of the gay community say they have noticed an increase in SIU surveillance in recent months.

Said one: "I came out of a nightclub late one evening and was followed home. Just as I reached the door of my building, a man introduced himself as a member of the SIU and asked me questions like where I'd been and who I had been with. I thought they stopped doing that long ago."

Other homosexuals told similar stories.

"Just when things had quietened down, it all seems to be starting up again. It can only be because of the AIDS scare," said another.

For the past two years, the unit, a division of the Serious and Organised Crimes Group, had relaxed its grip on monitoring homosexual activities. This followed severe criticism of a raid on the Dateline bar in Central in January 1983. As a result, the unit's manpower was reduced and it concentrated on assisting in top-level homicide cases.

But, according to police sources, the unit has been quietly strengthened in recent months and is now up to its full complement of about 40 officers.

Said a police source: "Obviously, the concern about AIDS in Hongkong has spread to the SIU which has a mandate to monitor gay activities."

The unit is headed by Supt Steve Vickers who took up the post during the summer.

The source said that a veil of secrecy had been drawn around the unit and that its members had been instructed not to discuss the unit's work.

It is understood that all phone inquiries to the unit must be logged and that this has created uneasiness within the unit, which feels it has nothing to hide.

Asked to confirm these findings, a spokesman for the police public relations branch said: "We do not comment on operational matters."

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 24 Nov 85

[Text]

There is no one who knows the true extent of the AIDS threat in Hongkong more than Dr F.K. Yeoh. And there is nothing more frustrating than knowing there is no remedy for a disease for which there is no cure.

Nonetheless, as Hongkong's leading expert on AIDS, it is Dr Yeoh to whom the Government, the medical profession and the public are looking to for advice on how to mobilise the territory against the spread of the deadly disease.

The pressure facing Dr Yeoh is daunting. Almost daily, stories about the disease's effects elsewhere only seem to nourish the seeds of paranoia that have been planted in the territory.

When he joined the AIDS Advisory Committee, a think-tank group set up by the Medical and Health Department in December to formulate the official approach to AIDS, there were no AIDS cases in Hongkong.

Now three people are dead and there are an undetermined number of people believed to be infected with the AIDS virus in Hongkong. Thousands of blood tests have been taken that will provide vital clues as to how many.

Despite the benefit of these statistics plus valuable research information provided from other countries where the disease is more prevalent, Dr Yeoh cannot say when the next case will strike or indeed whether AIDS will reach epidemic proportions here.

"It poses a serious threat and we have to find ways to control the disease as quickly as we can," he said in his Queen Mary Hospital office.

Hongkong, he said, is fortunate in that the disease is only just starting to emerge and it is

still a long way from the near-crisis level it has reached in the United States.

Nonetheless, he defends the Medical and Health Department against critics who say the Government is not doing enough to combat the problem.

"The Government started doing something last year when it put the working group together and that was before the first AIDS case even occurred," he said.

A modest and highly personable man who suffers from camera-shyness, Dr Yeoh declined to mention that he was selected to go to the United States last spring for a course on AIDS. Or that he was put in charge of the Scientific Working Group, a body set up in July consisting of physicians, virologists, nurses and Red Cross representatives, which would carry out the recommendations of the Advisory Committee.

Looking much younger than his 39 years, Dr Yeoh said the Government is aware of the need to take firm and decisive action in dealing with AIDS.

But that can only happen when they know what they are dealing with.

That could be as early as next month, when the Government releases its results on AIDS blood tests which it has been conducting for the past four months.

More than anyone, Dr Yeoh has defended the confidentiality of the blood tests and worked hard at gaining the confidence of private practitioners. It is through them that he hopes homosexuals, members of one of the high-risk groups, will submit themselves for tests.

Fear of Disease Is Infectious

A prominent gay businessman says he has cut back on his sexual activity out of fear of catching AIDS. A major medical insurance firm refuses to insure those it suspects of having AIDS. And a medical researcher intent on finding out more about the incidence of the killer disease locally is frustrated because he can't get the co-operation he needs.

Increasingly, local fears about catching AIDS are having a profound effect on the way Hongkong goes about its business.

It is influencing how people choose their sexual partners, has made certain businesses wary of the liabilities they may face in handling AIDS customers and confronted doctors with one of the most baffling puzzles of modern-day medicine.

Although it has not reached the epidemic proportions of the United States, suspicions have been aroused locally about the prevalence of the disease and how serious a problem it may become.

So far, three people have died from the disease this year and there is concern that untold numbers may have

been exposed to the virus, whose symptoms take anywhere from three months to five years to develop.

According to Dr F.K. Yeoh, Hongkong's leading authority on AIDS and the chairman of the Government's Scientific Working Group, which is in charge of monitoring the AIDS problem, there is no indication it is reaching abnormal proportions.

He is convinced that the AIDS scare has been exaggerated and that much of the confusion surrounding it is based on ignorance.

"The problem is that it has created an irrational reaction in people and there is a

general misunderstanding of how the disease is transmitted," he said.

That view is shared by doctors on the private sector who feel the Government is not doing enough to educate the public.

Said Professor Robert Chang of the Chinese University: "We are in danger of reacting to those who come down with AIDS-like lepers."

So far, the Government's efforts have been confined largely to offering free blood tests and sending pamphlets on AIDS to private practitioners.

Since August, about 3,000 blood tests have been conducted through its social hygiene clinics. Another 500 tests have been performed on blood samples from those in high risk groups and about 100 on samples referred by private practitioners and private and subvented hospitals.

The Red Cross blood screening programme has tested about 25,000 units of blood. Up to now, however, the authorities have been reluctant to disclose the findings of those tests. This in turn has fuelled public suspicion about the true extent of the problem.

Because of the anxiety, the Government has decided to release the findings of its blood tests as early as next month.

"There has been no attempt to hide anything," said Dr Yeoh. "We simply wanted to wait until we got a large enough data base to do any realistic appraisal of the problem."

That, however, hasn't prevented what amounts to a near hysterical response to AIDS.

A homosexual businessman says that he is so worried about contracting the disease that he has not had any sexual partners for months.

Another said he is careful about taking precautions when he meets new contacts.

One of the problems private practitioners encounter when treating homosexual

patients is their fear of persecution. The real fear of being caught by the authorities for admitting their homosexuality and subsequent prosecution, is greater than their fear of catching AIDS, say doctors we spoke to.

Despite pledges from the Medical and Health Department that all blood tests will be treated in the strictest of confidence and that all samples will be coded to mask the identity of the donor, homosexuals say they are still wary of going for tests.

One private doctor said that among his colleagues, he is aware that 20 blood samples have been submitted for AIDS testing. Five have come back positive. All 20 samples were from members of the high risk groups, which suggests that as many as 25 per cent are AIDS carriers.

"I am convinced because of these results that AIDS is much more widespread than we are led to believe," he said.

Besides homosexuals, Hong Kong's haemophiliacs are also at risk from contaminated blood transfusions. Most of the territory's estimated 150 haemophiliacs are treated through Government clinics and so far, there has been no indication that blood donor supplies have been affected.

Nonetheless, Prof Chang estimates that as many as 50 per cent of them could be AIDS carriers based on similar findings in the United States.

This estimate, however, is disputed by Government authorities who privately say the figure is closer to 30 or 40 per cent.

Without any clear indication of the AIDS problem from the authorities, there are those who are taking matters into their own hands.

A major medical insurance company has decided to terminate the policies of any policy holders who come down with the disease.

Blue Cross (Asia Pacific) — which has no connection to its American namesake — took the decision to cancel its insurance coverage of AIDS victims after one policy holder contracted the disease in the United States. It has also taken it off its list of coverage in its top line executive packages.

Blue Cross's move is forcing other medical insurance firms to take a hard look at their own policies and at least three major international firms are now awaiting instructions from their home offices.

Meanwhile, at least one medical researcher is trying to diffuse the mystery that surrounds the AIDS problem locally. Prof Chang, an acknowledged international expert on AIDS, now working out of the Chinese University, has for the past several months been trying to conduct a scientific survey on the incidence of AIDS in Hong Kong and how it affects Asians.

He has offered to conduct antibody tests on blood samples submitted by private practitioners free of charge, but his offer has so far met with resistance.

"I've had no response from private doctors," said Prof Chang. "I want to find out what is going on, but I'm getting nowhere."

Even though the Government plans to release the results of its blood tests as early as next month, it is unlikely that the public will know what percentage of the population are AIDS carriers.

Dr Yeoh acknowledges that because the Government blood screening tests stipulate anonymity, it is next to impossible to determine the incidence of AIDS in each of the high risk groups.

Prof Chang says that his studies could help him determine precisely that. But until and unless he gets the cooperation he needs, he is concerned that AIDS will continue to be surrounded by a fear that he thinks is unhealthy and unnecessary.

Effect on Tourist Industry

Hong Kong SOUTH CHINA MORNING POST in English 4 Dec 85 p 14

[Article by Patricia Tse]

[Text]

Threats of AIDS checks on tourists entering China could damage the Hongkong tourist industry if they are carried out.

But Hongkong travel agencies yesterday reacted with caution to reports from China that special AIDS centres will be opened in major cities such as Beijing and Shanghai to monitor tourists, foreign students and Chinese people who have regular contact with foreigners.

And a Chinese health official in Shenzhen told the *SCM Post* that the proposals are only being considered.

Hongkong travel agents were unclear as to what degree of monitoring the Chinese authorities wanted on AIDS, but were worried about the effect on tourism if China went ahead to check all foreign tourists.

The director and deputy general manager of Wah Nam Travel Service, Mr K. O. Tam said between one million and two million foreign tourists travel to different parts of China each year after a stop in Hongkong.

If all those tourists had to be tested for AIDS or produce proof of their being free from the disease, it would un-

doubtedly have an adverse effect on tourism.

He said: "I think mandatory checking on all foreign tourists before or after entering China would be impractical and costly."

"So far, from what I understand, the Chinese authorities are only planning to check the blood of foreign people who marry Chinese in China."

Miss Teresa Kwan, manageress of Kwan Kin Travel Service, said she considered it unlikely that China would check tourists for AIDS.

She said: "It depends on what they mean by monitoring, and whether it is voluntary or mandatory."

"If China wanted to perform blood tests they need sophisticated equipment and expertise, and they also require computers to help them store results of tests on individuals and to keep on file."

In a telephone interview with the *SCM Post*, a member of the health inspection unit at Shenzhen said health workers in China are concerned about AIDS and are "closely monitoring" the situation.

No Chinese has so far been found to have AIDS, but in June an American tourist died of the disease in Beijing.

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CSO: 5450/0080

REPORTS INDICATE HIGH CONCERN OVER AIDS SPREAD

Tests Reveal Probable Carriers

Hong Kong SOUTH CHINA MORNING POST in English 31 Dec 85 pp 1, 9

[Article by Patricia Tse: "AIDS Tests Reveal 53 Probable Carriers"]

[Text]

At least 53 people in Hong Kong have been exposed to AIDS and are most probably carriers, the Government revealed yesterday, breaking four months of silence.

The Medical and Health Department arrived at the figure after screening just 65,684 blood samples, albeit from high-risk groups.

The highest percentage of people exposed to AIDS was in the haemophilic group.

The department said none of the 53 had developed full AIDS symptoms.

But the chairman of an AIDS study group, Dr E.K. Yeoh, said about 10 per cent of people exposed to AIDS eventually fell victim to the disease. Another 20 per cent contracted a "milder form of the disease."

Three men have died from AIDS in Hong Kong.

The department's deputy director, Dr S.H. Lee, said there was no cause for "undue panic" as the 53 cases were being closely monitored. The risk of their passing on the disease was minimal.

Dr Yeoh said: "Some of these 53 might not develop AIDS at all throughout their lives, but there is the threat of spreading it to their sexual partners or babies."

There is a free blood-testing service in Hong Kong, a specialised clinic for treatment and two telephone hot-lines for queries.

Dr Yeoh said the presence of antibodies to the AIDS virus in the blood meant the 53

were most likely AIDS carriers. The most important thing was to know how the AIDS virus could be transmitted and what precautions to take.

High-risk groups also include homosexuals and intravenous drug users.

Dr Yeoh said there was so far no evidence that AIDS had spread to intravenous drug users in Hong Kong.

Of the 56 cases in which exposure to AIDS has been discovered, including the three fatalities, the department said 38 were haemophiliacs, eight homosexuals, one bisexual, three heterosexuals with contacts with prostitutes from abroad, and another six unknown.

Dr Yeoh said three of these six were either tourists or temporary residents and had left Hong Kong before the results of blood tests were known.

Another three cases were confidential referrals from private doctors and had not come to the Government for any follow-up consultation or treatment.

It was also revealed yesterday for the first time that of 58,563 people who had donated blood since AIDS blood test-kits were available in August, two had shown signs of AIDS, a percentage of 0.003.

Dr Lee also said none of the 41 donors of semen referred to the Government by the Family Planning Association, nor blood from 508 intravenous drug users, nor 31 health care staff tested were found to have

antibodies to the AIDS virus.

Five of 6,263 attendants at Government clinics, where a blood test for AIDS is compulsory, were found to have been exposed to the virus.

From a total of 78 referrals from private doctors and subvented hospitals, another five tests showed positive.

From 118 referrals from Government hospitals and clinics, three were positive.

The Government is monitoring the situation with haemophiliacs. Of 82 tested, 38, or 46 per cent, were positive, the highest percentage in all the groups tested.

The figure is similar to that of other countries where Factor VIII - a blood concentrate taken by haemophiliacs - is used and came as no surprise, Dr Lee said.

He emphasised that these patients and their families were being counselled by their doctors and the chance of their eventually developing AIDS was very remote.

In other countries, statistics show only one per cent of haemophilic patients exposed to the AIDS virus through treatment with Factor VIII eventually falls victim to the disease.

Dr Lee also said that since July, such blood products had been made virus-free by compulsory heat treatment.

Dr Yesh said the Government had received 108 calls after it set up its AIDS hotline. He said the line was manned by medical experts and a back-up specialised clinic service was available. Confidentiality is guaranteed as patients are only referred to by number.

"They do not have to reveal their names and the clinic has nothing to do with the police - this information is confidential between doctor and patient," Dr Yesh said.

Starting on Thursday, clinic hours will be extended from 8 am to 4 pm Mondays to Fridays.

Treatment of Exposed Children

Hong Kong SOUTH CHINA MORNING POST in English 1 Jan 86 p 1

[Article by Patricia Tse: "Special School Urged for Child AIDS Victims"]

[Text]

Hongkong haemophilic children exposed to the AIDS virus should be put in a special school to avoid the panic shown by some communities in America and Australia.

The suggestion has come from Wanchai District Board member Dr Albert Cheung following revelations by the Medical and Health Department (MHD) that 38 Hongkong people - one third of them children - have been exposed to the virus through imported American blood and are potential AIDS carriers.

And another doctor has talked about their constant fear that people will find out about their condition.

Dr Cheung said his comments would generate controversy - but segregation of haemophilic children would avoid a repeat in Hongkong of panic reactions overseas where such children had been banned from ordinary schools and where there had also been wider discrimination.

Concern had been expressed by some Hongkong doctors about haemophilic

patients even before the MHD released the figure of 38 haemophilic patients being exposed to the AIDS virus.

Most of the approximately 150 male haemophilic patients in Hongkong have been receiving regular treatment with blood from the United States over the past four to five years - the time when AIDS was sweeping America.

But the department emphasised that such blood products had been made safe since July last year by a form of heat-treatment.

Dr Cheung said Hongkong people should not sweep the problem of haemophilic patients under the carpet - otherwise they could become pariahs of society.

"Some unfortunate children overseas were forced to stay at home and be taught by private tutors after pressure mounted by society forbade them to go to school," he said.

But Dr Cheung thought it was debatable whether such children should have the same rights as anyone else to attend school.

Because taxpayers were already spending so much money on every haemophilic patient with special care which usually began shortly after birth, it was sensible to spend more on their education.

Dr Cheung said although statistics were not available, most of the Hongkong haemophilic patients could not afford private medical care. They depended on the Government entirely for their regular blood transfusions, extra dental care and medical treatment.

He claimed taxpayers could already be spending an average of about \$10,000 a month for each haemophilic patient - having a special school would not cost much on top of that.

Dr Cheung said although the risk of haemophilic children passing the virus to other children was unknown, there was always the possibility.

He said: "The risk exists clearly when there are any wounds. The blood from a haemophilic child might pass on to another healthy child who had a cut and that child might not even know it.

"I know this is a very sensitive and controversial subject and I am not trying to create any panic in the public. But I

think the problem is there and people, including the Medical and Health officials, should face reality and not sweep it under the carpet."

Another private practitioner, who asked not to be named, said the Hongkong haemophilic patients were now living in a "horrible world." Some he knew personally were in constant fear over people finding out about their condition.

The doctor said: "They are so helpless and in a way rather innocent victims. I think the actual risk of them passing on the AIDS virus is unknown although the possibility cannot be ruled out."

The doctor refused to comment on whether such children should attend school normally but said he hoped society would be kind to them.

Top Medical and Health officials emphasised that discrimination by society was the last thing they wanted to see in Hongkong.

The chairman of the scientific working group on AIDS, Dr E.K. Yeeh, also said that not all haemophilic patients had been exposed to the virus - and the department would not disclose information about those who had.

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CSO: 5450/0091

HEPATITIS CARRIERS' INFANTS TO BE INOCULATED

Hong Kong HONGKONG STANDARD in English 29 Nov 85 p 4

[Article by Kate Southam]

[Text]

THE Medical and Health Department will extend its hepatitis B vaccination programme to cover 75 percent of all babies born to carrier mothers in Hongkong.

From next April, the programme will be available in each of Hongkong's subvented hospitals, which handle 25 percent of the territory's live births.

The programme is currently being carried out in all government hospitals and at the beginning of this month 4,100 babies had been inoculated.

The extension, the third phase in the MHD's overall plan to reduce the incidence of hepatitis B, is expected to raise the annual cost of the programme to \$3.5 million.

In announcing phase three yesterday, Dr E K Yeoh, head of the programme's scientific group, said the MHD would save money in the long run.

Hepatitis B currently accounts for 80 percent of the incidence of liver cancer and two thirds of the cases of the chronic liver disease, cirrhosis.

If the vaccination programme could wipe out hepatitis B in Hongkong, Dr Yeoh said the incidence of liver cancer and cirrhosis would be drastically reduced.

Based on 1983 estimates of hospital care costs, the annual savings would be about \$10 million, he said.

A pilot vaccination programme, which involved the inoculation of 1,300 babies, was launched in 1983 at the Queen Elizabeth Hospital.

Dr Yeoh said more than 90 percent of the carrier mothers agreed to have their babies inoculated during the pilot programme.

He said this was largely due to the efforts of health care nurses who are still responsible for conducting education programmes for all ex-

pectant mothers found to be carrying the virus.

Phase one of the programme was launched in October of 1984 in the Queen Elizabeth, Prince of Wales, Princess Margaret and the maternity arm of Queen Mary, Tsan Yuk.

Dr Yeoh said only women expecting their first baby were included in the programme because their blood has to be tested for the virus rebecca anyway so it was simple to test for hepatitis B at the same time.

Phase two, launched in September of this year, involved testing all pregnant women who visited anti-natal clinics and government hospitals for hepatitis B antibodies.

If they are found to be carrying the virus they are given health talks and their babies are inoculated at birth.

Babies born to carrier mothers usually develop the virus within five months unless they are inoculated.

Dr Yeoh said they are usually infected at birth because the virus is passed on by the exchange of blood or body fluids.

To prevent the virus from developing, the babies are given two different vaccines: The first builds up their general resistance to disease until the second injection, which protects them against hepatitis B, takes effect.

A booster shot is required at age five.

An expensive American product is used in the programme. It satisfies both Hongkong standards set by the MHD and guidelines laid down by the World Health Organisation.

The American product is one of only two licensed in Hongkong — the other comes from France.

The inoculation course costs between \$300 and \$400 per person.

Dr Yeoh said a programme involving all new born infants would be considered in the future.

MELIODOSIS VIRUS ISOLATED BY HONG KONG DOCTOR

Hong Kong HONGKONG STANDARD in English 25 Nov 85 p 2

[Text]

A VIRULENT and usually fatal infectious disease known to exist in Southeast Asia has recently been detected here by a doctor at the University of Hongkong. A senior lecturer in the Faculty of Medicine, Dr S. Y. So, first identified the disease, called melioidosis, in a patient in 1983.

He found another five cases last year, and is now carrying out a survey of Chinese patients with pulmonary (lung) diseases.

Dr So strongly suspects that the disease, contrary to the accepted medical opinion, might actually be endemic in Hongkong, having prevalent here all the while undetected by doctors, according to a summary of his work published in the newsletter *Infectious Diseases Update*.

The disease was first identified by a British doctor in Rangoon in 1913 who said it was like glanders, a serious malady which affects horses and can be passed on to human beings.

It attacks the lungs, respiratory mucous membrane and lymphatic system, resulting in ulcers that lead to septicemia (blood poisoning) and abscesses in the lungs.

Melioidosis was believed to be transmitted by rats, but according to Dr So, while this might be possible here, it seems probable that the responsible bacteria resides in the soil and water of the region.

Infection is acquired through inhaling contaminated dust, drinking contaminated water, or contaminated soil penetrating an open cut on the skin.

Dr So reported that mortality rate was about 90 percent, but it could be reduced to about 30 percent using certain modern drugs of the aminoglycoside or cephalosporin class.

The disease can be mistaken for feverish pneumonia or suspected pulmonary tuberculosis. Dr So suggests that where the patient does not respond to the drugs used for these diseases, it can be suspected that he has been attacked with melioidosis.

From a serological survey which examined the types of antibodies present in 275 patients with pulmonary diseases at a local TB sanatorium, Dr So found that 14 to 39 percent had anti-bodies against the active micro-organism, *Pseudomonas pseudomallei*.

The studies indicated a background prevalence of melioidosis in Hongkong, but in contrast to other affected areas, women here were affected as often as men.

He recommended that treatment of the disease should be combined with surgical drainage of abscesses where necessary and drugs with a strong bactericidal quality should be used.

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CSO: 5450/0081

HONG KONG

BRIEFS

AIDS TRANSFUSION RISK--The risk of getting the killer disease AIDS from blood donated to the Red Cross in Hongkong is very low. The director of the Red Cross Transfusion Service, Dr Susan Leong, said yesterday the risk is an estimated 0.003 percent. Only 2 of 58,563 samples of blood from donors which were submitted for tests at Government clinics for the AIDS HTLV-III virus returned positive results. Dr Leong said the blood from these two donors was removed from stocks carried by the blood bank. The two men involved had been referred to a specialist Government clinic for consultation and follow-up care. Dr Leong said that while their identities had to be kept confidential, she could reveal that they are both local Chinese who had admitted to having homosexual experiences. More than 95 percent of blood donors are local Chinese with the balance comprising other races and tourists passing through Hongkong. "The same precautions are taken with all donors and they go through the same blood tests. We interview them and explain that if they know they have AIDS or belong to one of the high risk groups they should not donate blood." "But sometimes, people might not be aware of it themselves," Dr Leong said. [Text] /Hong Kong SOUTH MORNING POST in English 31 Dec 85 p 67 /12851

CSO: 5450/0090

MAHARASHTRA REPORTED FIGHTING HOSPITAL INFECTIONS

Bombay THE TIMES OF INDIA in English 14 Dec 85 p 12

[Unsigned article: "State Fights Hospital Infections"]

[Text]

BOMBAY, December 13.

THE public health department of the civic administration has drawn up a pilot project to screen "high risk groups" among hospital staff.

This project has been set up for the detection of persons infected by hepatitis B virus.

This follows the death of Dr. Hemant Chondankar, 23, who was working as a houseman at Cooper Hospital, Juhu, on December 6. Dr. Chondankar, who hailed from Goa, came to the city to complete his six-month internship and was admitted to Cooper hospital with acute hepatitis and liver failure on November 22.

Tests showed that he was "Australia antigen" positive, meaning that he had been infected by the hepatitis B virus. The test was confirmed at the Haffkine Institute and K.E.M. It is not known whether he got infected in Bombay or at Goa, medical sources said.

But his death has drawn attention to the risk endangered by those employed in hospitals and dealing with blood and blood products. Surgeons, laboratory technicians, personnel in the intensive care units and dialysis centres are all susceptible to hepatitis.

Medical evidence has shown that the disease is transmitted through blood and blood products, tears, saliva, breast milk, urine, semen and vaginal secretions.

Medical staff at hospitals get infected when they come in contact with the blood of patients who are either passive carriers of the virus or who show symptoms of the disease.

The incubation period of serum hepatitis, as the disease is otherwise referred to, is relatively long — six weeks to six months. Some of those infected may not show any symptoms

at all.

The disease could be transmitted through blood banks when hepatitis B virus carriers donate blood. Serum hepatitis can also be contracted through the placenta connecting a mother to her newborn.

DELTA AGENT

An attack of hepatitis can be accentuated if the hepatitis B virus acts in conjunction with "virus D" or "delta agent". Virus D is a defective one that cannot cause hepatitis on its own.

The outbreak of hepatitis in Gujarat took the lives of 286 persons in Ahmedabad, Junagadh and Baroda in October 1983. This outbreak manifested the presence of a non-A, non-B hepatitis virus, for which no screening tests have yet been formulated.

A total of 2,098 cases of hepatitis were reported and the disease was predominantly water-borne, a study by Dr. B. N. Tandon of the All-India Institute of Medical Sciences, New Delhi, said. Cases of some medical personnel contracting the infection were also reported.

In 1983, a neurosurgeon from Gujarat on deputation to K.E.M. Hospital, Bombay, died of hepatitis. In 1984, a nurse at the same hospital Ms. Dulcine D'Costa, 25, died of the same disease.

Statistics available at the Kasturba Hospital for infectious diseases said that in 1982 there were 862 cases of serum hepatitis, 832 in 1983 and 926 in 1984.

Till November 1985 there have been 632 reported cases, of them 21 deaths.

Syringes and blood banks are the most prevalent transmitters of the virus, they said. The use of disposable syringes can greatly reduce the risk of infection. Wearing of gloves during surgical operations and autoclaving all

instruments is essential.

IMPORTED TEST KITS

As part of the pilot project the public health department plans to import 500 ELISA (enzyme linked immunosorbent assay) test kits from Sweden. A study showed that there were about 1,180 persons in the high-risk group at the 21 civic hospitals.

These kits will start arriving next month, Mr. Ajit Warty, additional municipal commissioner, said. He said the cost of each test would be Rs. 150, while informed doctors said a test would not cost more than Rs. 20/- if the import duties levied were waived.

Screening of blood at blood banks is currently conducted by the CIEP (counter immuno-electrophoresis) tests, which showed that about three per cent of the donated blood is infected by hepatitis B virus.

However, this test is not very sensitive and does not detect the presence of the virus in low concentrations. With the availability of the ELISA tests the figure may well rise to five per cent, a gastro-enterologist said.

The pilot project also envisages the import of a hepatitis B Vaccine (HB Vax.) from Merck, Sharp and Dohme, U.S.A. at \$28 per dose. The vaccine has to be administered in three doses during a six-month period.

Computations by civic officers showed that the cost of vaccinating all the "at risk" personnel at K.E.M. Hospital alone would work out to Rs. 3.3 lakhs. The total cost has been estimated to be in the region of Rs. 11.9 lakhs, sources said.

However, the import of these vaccines by the Gujarat government last year did not have the desired response because the doctors and nurses there were misled into believing that the administration of the vaccine could cause AIDS, the dean of a civic hospital told this paper.

Though the administration has "in principle" agreed to subsidise 50 per cent of the cost of the vaccine for doctors and 75 per cent of the cost to nurses, medical authorities are apprehensive about whether the personnel will respond. The high cost is the deterrent factor, they said.

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CSO: 5450/0092

LEPTOSPIROSIS DEATHS REPORTED IN MADRAS

Madras THE HINDU in English 22 Dec 85 p 1

[Unsigned article: "20 Die of Rare Disease"]

[Text]

MADRAS, Dec. 21.

At least 20 persons have died in the city in the past three weeks of leptospirosis, a rare, waterborne bacterial disease, which broke out in an epidemic form in the wake of the floods in November.

Some 62 others, who were admitted to Government hospitals, have recovered after intensive treatment. The tally will be much higher if those treated in private clinics are counted. Patients are still turning up.

The disease has struck chiefly at K. K. Nagar, Kotturpuram, Triplicane and Saidapet areas which suffered heavy inundation.

Among those who recovered were a father and his five year old son, who had been marooned in their first floor Kotturpuram slum tenement after the Adyar overflowed. Having chosen to stay on in their flat, they had to live on the bread given by the relief teams. But the water they drank was the flood water flowing below. Doctors who treated them say this must have been the source of infection.

The first victims of the disease came to the hospital seven days after the flood. Being a rare affliction with complex symptoms, diagnosis took more than five days.

Doctors said at first the disease appeared very much like jaundice, but later caused severe pain in the joints, high fever and kidney failure. What made diagnosis even more difficult was the occurrence of

brain fever in some patients. Doctors say that if it is not treated early, the patients develop severe complications including fits, liver damage, which often proves fatal.

Not new: Leptospirosis, which was identified first a 100 years ago and is also known variously as mud fever, slime fever and cane cutter's disease, is not new to Madras. Doctors say that following the 1976 floods, some cases were reported, but that outbreak was not as severe as the present one.

The blame this time has fallen on the rats. They were driven out of their holes and their excreta, which are the reservoir of the leptospira infection, mixed with the flood waters. Doctors believe that those who fell to this disease may have consumed this water. Or, the bacterial infection could have entered the body of a person with abrasions in his legs had waded through the contaminated water.

Patients who were treated with penicillin responded well and recovered completely, according to the doctors.

Dr. A. Durairaj, Physician at the Government General Hospital said, that the clinical features of the disease started after an incubation period of six to 15 days. Some patients vomited blood and required blood transfusion. The diagnosis could be confirmed by examining the blood in the first week, and in the second week the patient's urine would show the organism.

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CSO: 5450/0096

EXPERT WARNS AGAINST COMPLACENCY TOWARD AIDS

Madras THE HINDU in English 15 Dec 85 p 13

[Unsigned article: "We Can't Afford to be Complacent on AIDS"]

[Text]

TRICHUR, Dec 14.

Dr. Sobha Sehgal, president of the Indian Immunology Society, today cautioned against complacency on the Acquired Immune Deficiency Syndrome (AIDS).

Speaking at the society's 12th annual national conference of at the Amala Cancer Hospital and Research Centre here, she referred to disturbing reports which indicated that it was well distributed among both sexes.

It was previously thought to be confined mainly to homosexuals, AIDS, the latest deadly disease rattling the world, destroys disease-resisting immune systems in the body and exposes the patient to a variety of ailments, death stares him all the time and his days are numbered. No cure has so far been for this scourge.

Dr. Sehgal said immunologists, virologists and oncologists should work together to tackle the disease to nip it in the bud before it assumed serious proportions. If the AIDS virus spread in a poor country like India it would be a medical disaster.

Dr. Sehgal said much needed to be done even on traditional diseases. If vaccines could be found for hepatitis, influenza and measles, there was no reason why a vaccine could not be worked out for cancer or leprosy.

She said immunology had emerged as a major biomedical discipline in its own right in the last three decades. The fact that five scientists had bagged Nobel prizes within five years for the discipline spoke eloquently of its great

potential. Immunology had moved from a nebulous realm to reality, from a fashion to a necessity.

The Chief Minister, Mr. K. Karunakaran, who was to have inaugurated the conference and Mr. T. M. Jacob, Education Minister, who was to have presided over the function, could not attend the function.

Mr. T. Madhava Menon, Vice Chancellor of the Kerala Agricultural University, inaugurating the conference said scientists and researchers should not neglect the fundamental values which gave humanity its greatness.

Symposium on tumour immunology: About 250 delegates from various parts of the country and a few from abroad are attending the symposium on tumour immunology organised for three days in connection with the society's national conference.

Dr. G. H. Ott, President of the West German Cancer Society, inaugurated the scientific sessions in the absence of Dr. Ramalingaswamy, Director-General, Indian Council of Medical Research, New Delhi. Dr. Ott said the physicians must re-explore the empirical knowledge of the healing forces of the soul and bring them into harmony with the knowledge of the times.

Dr. C. V. Korah, Director of Medical Education, presided. Dr. S. Vasudev, chairman of the State Committee for Science, Technology and Environment, released the souvenir. Dr. K. K. Rahulan, former State president of the Indian Medical Association, released the Amala Research Bulletin. Dr. D. M. Vasudevan, organising secretary, proposed a vote of thanks.

/12851

CSO: 5450/0095

CANCER CENTER ISOLATES POSSIBLE LEPROSY VACCINE

Madras THE HINDU in English 14 Dec 85 p 9

[Unsigned article: "Potential Vaccine for Leprosy Isolated"]

[Text]

NEW DELHI, Dec. 13

A molecular sequencing analysis of the Indian Cancer Research Centre (ICRC), leprosy bacillus, has shown that a large molecular weight (one million) molecule, termed PP-1, accounts for 70 per cent of antibodies to lepromatous leprosy (LL). PP-1 seems to be the antigenic component that elicits a dominant immunogenic reaction to LL, according to Prof. M. G. Deo, Director of the Cancer Research Institute, Bombay, who delivered the 1985 Jaiima Trust Oration award here at the Indian Council for Medical Research here yesterday.

The lepromin reactivity of PP-1, which had earlier been tested on langurs, has recently been tested in a slum area of Bombay showing the incidence of LL. The antigen PP-1 has been seen to bring about conversion from negative lepromin reactivity to positive reaction.

Inverse relation: The crux of the problem in host's immunological response is the peculiar inverse relation of antigenic reactivity to the wide spectrum of the severity of the leprosy disorder. In the extreme case of LL, where tissues are flooded with organisms, the patient shows no (or negative) reaction whereas to the (milder) tuberculoid (TU) variety, where histological tests do not even detect the bacilli, skin tests show strong (or positive) reaction. This inverse relation has also been observed in armadillos (whose body system is currently being used to culture the mycobacterium leprae for vaccines) and also in monkeys.

Any effective vaccine should therefore bring about (a) lepromin conversion in LL patients and in healthy subjects who display lepromin negative reactivity and (b) up-grading changes in tissue morphology in the LL cases in the direction of the TU cases.

Immunogenic bacillus: The ICRC bacillus, a slow growing mycobacterium, which is not pathogenic but is related to the Pathogen M. Lep-rae, was found to be immunogenic by a team of scientists from ICRC in 1958. To derive an effective vaccine from this the bacillus, grown in nerve end tissues, is killed by gamma irradiation and mixed with BCG vaccine. This was achieved in November 1979. This vaccine, cleared by the Drug Controller in October 1985, has been on field trials and has shown 55 per cent lepromin reactivity conversion in clinical LL cases and in a general endemic community as much as 97 per cent have shown reactivity conversions. No toxic side effects have been

observed.

The pilot study recently completed its third phase in the villages of Satpatty and Palghar in Maharashtra. The next phase of trial will be conducted in Osmanabad village of Akkalkot taluk of Sholapur district in Maharashtra.

The performance of the ICRC vaccine was found to be very close to that of the armadillo BCG vaccine as tested in Venezuela, according to Dr. Deo. Hence the vaccine seems to have considerable potential for immunotherapy as well as immunoprophylaxis.

Clue to synthetic vaccine: Dr. Deo pointed out though there was a dramatic effect in some patients there still were cases where no effect was observed. Like Dr. Indra Nath of AIIMS, who had concluded that inadequacy of Interleukine-2 growth factors were responsible in a large number of cases for lack of immunological response.

According to him, the deciding factors seem to lie in the host for the performance of any kind of therapeutic or immunodiagnostic measures. His recent research has provided an important clue to identify the correct antigenic determinant to elicit the appropriate antibody responses paving the way for an approach to synthetic vaccines in the future.

The main difference, in Dr. Deo's opinion, between PP-1 of the ICRC and the M. Lep-rae seems to be in the carbohydrate components of the DNA of the bacillus, the former having 47 carbohydrate units as opposed to 25 of the latter. In terms of the peptide and lipid contents, that is the amino acid composition, both seem to be identical.

Dr. Deo suggests that the immunological suppression stems from a molecular trickery of the absence of few carbohydrate components because of which the T-cell is unable to recognise the antigen and develop appropriate antibodies. He also concludes that the immuno suppression is not due to the suppressor T-cells.

Dr. Deo plans to sequence a few more units of the DNA to arrive at an unambiguous conclusion as to lack of which component in the antigen is actually responsible for the negative lepromin reactivity.

His method of looking at the entire DNA is different from the M. Lep-rae recombinant DNA work being carried out elsewhere, particularly in the USA. In a recombinant DNA approach only the peptide sequencing is carried out and one may never discover the role of carbohydrates which Dr. Deo's findings seem to imply.

MULTIDRUG LEPROSY CONTROL TREATMENT TO BE EXTENDED

Bombay THE TIMES OF INDIA in English 25 Dec 85 p 12

[Unsigned article: "All-out Efforts to Control Leprosy"]

[Text]

NEW DELHI, Dec. 24 (PTI).

THE Union health minister, Ms. Mohsina Kidwai, said here today that the multi-drug treatment launched to control leprosy in 15 districts would now be extended to 76 of the 201 high-prevalence districts in the country by the end of the seventh plan.

Inaugurating the first meeting of the National Leprosy Eradication Commission, Ms. Kidwai said one-third of the world's total leprosy patients (four million) were in India. About 20 per cent of the cases were infectious and in about 25 per cent cases there were disabilities of various degrees. Nearly 20 per cent of the affected were children, she said.

she asked the commission to consider the extent to which general health services could be involved to improve the effectiveness of the eradication programme.

The question of making availability

of beds for leprosy patients in general hospitals and the use of general hospital surgical services for providing corrective surgery to these patients could be considered, she said.

The weakest link in the eradication programme was rehabilitation of the patients, she said. Many voluntary organisations and dedicated workers had taken up the task now, she added.

The minister for human resources development, Mr. Narasimha Rao, assured that his ministry would give full support to the programme.

A suitable programme of leprosy surveillance could be integrated with the school health programme, he said.

The commission was constituted in 1983 on the recommendation of the Swaminathan Committee report. The members include the Union finance, planning, industry and human resources development ministers and the chief ministers of Andhra Pradesh, Bihar, Orissa, Tamil Nadu and West Bengal.

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CSO: 5450/0097

RHEUMATIC HEART DISEASE TERMED EPIDEMIC IN INDIA

Bombay THE TIMES OF INDIA in English 15 Dec 85 p 5

[Unsigned article: "Rheumatic Heart is Epidemic"]

[Text]

BOMBAY, December 14.

RHEUMATIC heart diseases have attained epidemic proportions in the country with over one million patients suffering from it, an eminent city cardiologist attending the international conference on update in cardiology, said today.

Rheumatism, which causes inflammation of the heart (carditis) following a streptococcal throat infection, is the result of the rampant malnutrition and poor living conditions in this country, Dr. Moti Kothari of Bombay Hospital, said.

Inflammation of the heart due to rheumatism occurs mostly among 10 to 15-year-olds and can be prevented by the administration of penicillin. Corrective surgery is also readily available in the country, including valve replacement, Dr. Kothari said.

BY-PASS SURGERIES

Ischaemic heart diseases, caused by deficient blood supply to the heart, can be remedied by carrying out by-pass surgeries, 150 of which are performed in the city annually. The success factor of a by-pass operation had increased to over 90 per cent, from 80 per cent six years ago, Dr. Kothari said.

The use of heart-lung machines, which performs the functions of a heart for periods ranging from 10 minutes to four hours during a cardiac operation was widespread in the city, Dr. Kothari said. By-pass surgery had still to be resorted to in the absence of 'angioplasty', the latest method to remove occlusions in blood vessels.

Dr. K. Ramaswamy, who was one of the first doctors to perfect angioplastic techniques in the U.S., said the method involved the introduction of a catheter into the occluded blood vessel and removing the constriction by inflating

one to three m.m. long PVC balloon.

This non-operative technique was preferred to by-pass surgery as it was cheaper and needed no recuperation period, Dr. Ramaswamy said.

The success ratio of angioplasty was over 85 per cent but the major faults observed were that it did not preclude restenosis (clotting at the same spot where angioplasty had been done) and could recur at a different locus, Dr. Ramaswamy said.

Dr. S. Subramaniam, a leading cardiologist in the U.S., informed the conference of the latest advances in diagnostic techniques, which are making inroads in the country. Among them were echocardiography, nuclear magnetic resonance (NMR) and Doppler echocardiography. All these methods were non-invasive and real time monitors, Dr. Subramaniam said.

Tracing the history of cardiovascular surgery in India, Dr. G. B. Parulkar, dean of K.E.M. Hospital and president of the conference, said the first operation was conducted at Christian Medical Centre, Vellore, in 1947. Dr. Parulkar said that over 5,000 open heart surgeries had been performed at K.E.M. hospital and that Indian doctors had perfected the technique.

Post-operative care still lacked the advanced monitoring instruments available in the West and this accounted for the five per cent mortality ratio, the dean said. Though he and Dr. P. K. Sen had performed the fourth heart transplant operation in the world in 1968, the government had still not defined "death", Dr. Parulkar said.

The definition will enable the harvesting of the liver, pancreas, kidney, heart and lungs of a clinically dead person, and thus rejuvenate the lives of many, Dr. Parulkar said.

BRIEFS

AIDS REPORT NEGATIVE--New Delhi, Dec 5 (PTI, UNI)--The deputy minister for health and family welfare, Mr S. Krishna Kumar, said in the Lok Sabha today no authentic case of Acquired Immune Deficiency Syndrome (AIDS) had been reported in the country so far and there was no cause for alarm. However, as a precautionary measure, all airports and ports had been alerted to keep an eye on "foreign tourists" visiting the country and check them, wherever necessary, in sexually transmitted disease (STD) clinics, the minister told Mr Anand Singh during Question Hour. "The situation is very much under control and there is no cause for alarm," he said. Necessary facilities to cure the disease would be set up as and when it was detected, he added. The deputy minister said instructions were given to all directors of health services and medical colleges to maintain continued surveillance. The Indian Council of Medical Research (ICMR) was also studying this problem. Besides, the government had set up a cell at the Institute of Virology, Pune, to test antibodies which were preliminary to a person disease. [Text] [Calcutta THE TELEGRAPH in English 6 Dec 85 p 5] /9317

CSO: 5450/0088

INDONESIA

BRIEFS

RABIES DEATH TOLL DISCLOSED--An official of the Central Java Health Department office disclosed in Semarang on 27 December 1985 that four persons from Wonogiri District and three others from Karanganyar District in the province have died of rabies. The 7 casualties were among the 227 people having been bitten by dogs from July to December 1985. To cope with the contagious disease, a total of 24,421 dogs, 6,815 cats, and 92 monkeys have been vaccinated, while a total of 9,330 dogs and 170 cats had to be killed. [Summary] [Jakarta SINAR HARAPAN in Indonesian 27 Dec 85 BK]/12766

CSO: 5400/4344

INFECTIOUS DISEASES AMONG ETHIOPIAN JEWS CURBED

Jerusalem THE JERUSALEM POST in English 22 Dec 85 p 2

[Article by Judy Siegel]

[Text]

Despite over a thousand cases of malaria, typhoid and tuberculosis among recent Ethiopian immigrants, there hasn't been a single case of anyone in the country being infected by one of the olim.

This was disclosed by Health Ministry director-general Dan Michaeli, in a statement on the health of the nearly 15,000 immigrants who have come from Ethiopia.

The Ethiopian Jews, several thousand of whom arrived a year ago, are in good health, nearly all of them free of the infectious diseases they brought with them. None is still in hospital for treatment of these infectious diseases. According to Michaeli, the incidence of contagious diseases among the Ethiopian olim is dropping steadily.

The prevention of contagion, despite the prevalence of such diseases in the area from which they immigrated, was due to the preventive measures taken as soon as they arrived. Michaeli credited the ministry as well as Kupat Holim Clalit and other institutions for the immigrants' remarkably clean bill of health.

Over 1,300 of them were found to have malaria, and 220 had typhoid. There were 200 cases of tuberculosis among the group that arrived a year ago. The large majority of the im-

migrants also suffered from protozoal intestinal diseases.

Michaeli did not mention the mental state of the Ethiopians, many of whom are reported to be still suffering from the traumatic experience of getting out of Ethiopia and the deaths of their loved ones. There have been a number of suicides among them, even though taking one's life is almost unheard of among Jews in Ethiopia.

Immediately after their aliyah, babies were vaccinated for childhood diseases, and adults received inoculations as well.

Staffers and other immigrants at some absorption centres had initially been fearful of coming down with some of the Ethiopians' contagious diseases. But thanks to meetings organized to explain how to avoid infection, they soon calmed down.

Meanwhile, *The Jerusalem Post* has learned that five Ethiopian immigrant children living in the Mevaseret Zion Absorption Centre have been released in good condition from hospital after being overcome by gas in their apartment. Although the families are carefully briefed on the use of their gas heaters, the children succumbed to a gas leak when they were left alone for a while by their mother. Some of them lost consciousness, but were revived by hospital emergency staff in Jerusalem.

/9274

CSO: 3400/4305

BRIEFS

PROGRESS MADE IN PHARMACEUTICAL TALKS--Tokyo, 11 December KYODO--Japan and the United States Wednesday reached agreement on major problems concerning bilateral trade in pharmaceuticals and medical equipment--the first major progress in ongoing sector-by-sector bilateral trade negotiations, government officials said. They agreed that Japan will simplify and speed up reapplication procedures for medical equipment on which the original term of approval has expired. The agreement also calls on Japan to consider classifying so-called kit products, widely used in the U.S. but not in Japan, as a medicine that comes under Japan's health insurance system. Once pharmaceuticals come within the system they can be used at hospitals. But kit products, comprising special capsules and medical equipment, should need first to be acknowledged as a safe and effective product in case of emergency. They also agreed that the Ministry will study new medicines for classification as health-insurance products four times a year, compared with about twice a year now, increasing opportunities for foreign products to be used within the health insurance system. The two countries are expected to compile a report based on the results of the latest talks by the end of this month. [Text] [Tokyo KYODO in English 1221 GMT 11 Dec 85 OW] /12913

CSO: 5460/005

FIRST AIDS CARRIER CONFIRMED

Kuala Lumpur NEW STRAITS TIMES 28 Dec 85 p 1

[Article by Sudheeran Chandran]

[Excerpt] A 33-year-old patient at the Sultanah Aminah General Hospital in Johore Baru has been confirmed as Malaysia's first AIDS (Acquired Immune Deficiency Syndrome) carrier.

Deputy Health Minister Datuk K. Pathmanaban made the disclosure today amidst some speculation in the Press about the man, who was admitted for pulmonary tuberculosis and a shingles infection.

He told a news conference that the man, who is single and worked as a petrol-pump attendant, had confessed to being an intravenous dadah user.

Datuk Pathmanaban would not give the man's name, but said the patient, while apparently harbouring the AIDS virus, has not shown any sign of having the deadly syndrome.

"detailed and thorough clinical examination of the patient does not show any of the usual symptoms and signs presented by a case of AIDS," he said.

The symptoms of the deadly scourge, for which there is no known cure, is characterised by high fever, diarrhoea, fatigue, night sweat, enlargement of the lymph nodes and a loss of weight.

All of which were found to be absent in the patient's case.

However the Health Ministry's AIDS Task Force after a thorough review of the patient's condition and blood tests results have decided--as a precautionary measure--to classify the patient as an AIDS carrier.

This, Datuk Pathmanaban said, was because results from his blood tests showed a "weakly positive" HTLV-III antibody reaction (HTLV-III or Human T-cell lymphotropic virus type III is the retrovirus to which the cause of AIDS has been traced).

(AIDS cripples the "helper T-cells" which prime the immune system to destroy foreign objects, thus causing severe immune deficiency and leaving the body defenceless against infections).

The staff of the Health Office in Johore Baru, with the help of the narcotics division of the Johore Baru police, are now tracing the people with whom the patient has been in contact--particularly sex partners and intravenous dadah addicts.

"The patient has not admitted to homosexual activity," Datuk Pathmanaban said, adding that patient was very quiet and unco-operative.

"The patient is being observed and has been put under strict surveillance to detect any development of symptoms and signs of AIDS."

Datuk Pathmanaban said the patient would be given counselling on his illness so that he does not pass the infection to other people.

"The public will be kept informed if any significant findings are made in regard to this patient or his contacts."

He added that the Health Ministry had completed the Sero survey of blood of 6,000 samples consisting of about 4,000 normal blood donors and about 2,000 people from the "high risk" categories which include homosexuals, prostitutes and intravenous dadah addicts.

"Only 41 blood samples were found reactive on repeat tests at the Institute of Medical Research (IMR) and these have been sent to the Fairfield Infectious Disease Hospital, Melbourne, for confirmatory tests.

"Twenty-one of these samples have been reported on, with all, except this patient in Johore Baru, being negative for the AIDS antibody reaction."

/12828

CSO: 5400/4343

NEW CASES OF INFANTILE PARALYSIS DUE TO IMPROPER INOCULATION

Three Doses Essential

Maputo NOTICIAS in Portuguese 3 Dec 85 p 8

[Text] "Children who receive the first doses of vaccine against poliomyelitis (infantile paralysis) must not be considered out of danger as long as they have not received the other two doses. We urge parents to have their children vaccinated at the proper time," Dr Oscar Montelro, director of Maputo's center for disease prevention and medical examinations [CPEN], told our newspaper yesterday.

According to that Ministry of Health official, 70,000 children less than 2 years of age were to be inoculated in 1985. However, that goal was not achieved due to the limited number of mothers who came to the health stations and centers, principally for the last two inoculations.

About 54,000 children received the first dose of the vaccine against poliomyelitis; this is about 77 percent of Maputo's planned vaccination objective.

However, this figure decreased in the case of the second and third inoculations.

For example, only about 30,600 children received the second inoculation, and the number receiving the third inoculation was further reduced to 12,150.

"In June and July, after CPEN's appeal, more mothers appeared at the health stations and centers to have their children inoculated. But since August, the number has been decreasing drastically," CPEN's source said.

At present, door-to-door solicitation is being carried out by students of the Maputo Health Institute. This is occurring in 10 districts--namely, Polana-Cimento "B", Central "B", Malhangalene "B", Machava-Sede, Aeroporto "B", Maxaquene "B" and "A", Jardim, Unidade-7 and Singatela.

The vaccination of the children is being carried out by nine medical teams, but this figure is to be increased through the utilization of students from

the Health Institute and Josina Machel High School during their internships and vacations.

"Children who have received the first dose are vulnerable to infantile paralysis if they do not return to receive the second and third doses," Dr Oscar Monteiro warned.

Parents Warned

Maputo NOTICIAS in Portuguese 4 Dec 85 p 2

[Text] Although there has been a substantial decrease in the number of cases of poliomyelitis (infantile paralysis) in Maputo from July until now, six new cases were recently reported. There are two reasons for this new development: lack of public enlightenment and disinterest on the part of some parents in bringing their children to the various health stations and centers for the three inoculations necessary in the combat against poliomyelitis. Students from Maputo's Health Institute are carrying out a door-to-door campaign in some of the capital's districts to make sure that the inoculations are being administered; a number of cases have been discovered where the required vaccinations have not been given.

According to information given to NOTICIAS by Dr Oscar Monteiro, the campaign of inoculation against infantile paralysis was launched at the middle of this year after it was ascertained that the inoculations given at the end of last year and the beginning of this year had lost some of their effectiveness.

Dr Monteiro also stated that this vaccine, like all other viral vaccines, is extremely sensitive to temperature variations. It is "thermolabile"; when the temperature rises, it quickly loses its strength. "This is undoubtedly what caused the vaccine to lose its effectiveness," he said.

He further stated that it was because of the vaccine's loss of its antipoliomyelitis properties that new cases of infantile paralysis began to appear--totaling 16 up to June of this year.

"After studying the situation and analysing the vaccine, it was ascertained that it was precisely the partial loss of the vaccine's strength which has given rise to the new cases of the disease. In view of these conditions, the decision was reached to revaccinate all children who, in June, were less than 2 years old, using three dose of the new product," the CPEM director asserted.

Greater Cooperation With First Dose

After it has been ascertained that the antipoliomyelitis vaccine had lost some of its effectiveness and in accordance with the WHO, the country's Ministry of

Health launched a revaccination campaign, using a new vaccine. Children born after July 1983 were obligated to receive three inoculations of the new product.

The campaign yielded positive results. A total of 70,000 children were scheduled to be inoculated in Maputo by the end of the year. There was more activity in connection with the first dose, 54,121 children having been vaccinated by October. This figure decreased with the other two doses.

"In the case of the third dose, only 12,136 children were inoculated, representing a drop of about 80 percent between the two doses of the inoculation against infantile paralysis; this means that children who received the first dose and not the other two are virtually not vaccinated," Dr Monteiro stressed.

Students Helping in Various Districts

In view of the limited cooperation of parents in bringing their children to the various health stations and centers to be vaccinated, students from the Health Institute are being used to determine noncompliance with the antipolio vaccination program. In only 3 days, this door-to-door effort made it possible in the districts of Central "B" and Polana-Cimento "B" alone to discover more than 120 children whose revaccination was behind schedule.

"This was precisely in districts where the parents have the greatest obligation to have their children inoculated in accordance with the fixed schedule because of easy access to the health facilities," Dr Monteiro said.

The CPFM director appealed to the parents whose children had received the first two doses to complete the three-dose as a means of guarding their children against infantile paralysis.

Dr Monteiro also said that it is the parents' duty to know and respect the national schedule of vaccinations. At birth a child should be vaccinated against tuberculosis; at 2, 4 and 6 months he should receive the three doses against infantile paralysis, diphtheria, tetanus and whooping cough; and precisely at 9 months he should be vaccinated against measles.

8568/13104
CSO: 5400/53

BRIEFS

TETANUS VACCINATION DRIVE--Seven health centers in Managua will soon begin a program of vaccinations against tetanus which will cover 65 neighborhoods of the third region. According to information supplied by the regional Ministry of Health (MINSA) office, priority in anti-tetanus vaccinations will go to housewives, who are the most likely to acquire the disease because of the nature of their work. The health centers which will begin vaccination are: Colonia Morazan, Socrates Flores, Francisco Bultrago, Silvia Ferrufino, Villa Venezuela, Ticuantepe, and Carlos Rugama. These health centers will take care of the nearby neighborhoods, vaccinating either by having people come to the centers or by going house to house. According to the medical source from the third region, the seven health centers will cover more than 45,000 persons living in the various areas. This anti-tetanus vaccination program which will begin in the seven centers will continue in January at the rest of the health centers in order to completely immunize the population against this disease. This program which is about to start is part of the new projects which the regional MINSA office will carry out during the coming year. [Text] [Managua LA PRENSA in Spanish 20 Dec 85 p 12] /9871

CSO: 5400/2026

MEASLE DEATHS IN GONGOLA REPORTED

Kaduna NEW NIGERIAN In English 21 Dec 85 p 9

[Article by Abu Tapidi: "Measles Claim 19 Lives in Gongola"]

[Text] Nineteen people have lost their lives out of 85 cases of measles reported in Kwaji District of Jalingo local government area of Gongola State.

Already, the Local Government council has despatched all its health officials to the affected areas for emergency operation with a view to controlling further spread of the disease.

However, a report from the area has indicated that lack of sufficient drugs and other facilities had slowed down the rate of operation.

A statement from the area said that about 30,000 people were treated against various infectious diseases in the local government between January to November, this year.

According to the statement, about 20,000 people were similarly treated against other diseases in the area during the same period under review.

It claimed that about 45,000 cases of malaria, 3,078 cases of measles, 3,269 cases of chicken pox, 4,035 cases of whooping cough and 19 cases of food poisonings were treated in the local government last year.

Meanwhile, the sole administrator Alhaji Umaru Dewa has directed the people to report any suspected case or outbreak of disease to the nearest clinic for immediate attention.

Alhaji Umaru announced that the local government has already secured enough consignments of drugs and dressings for the treatment of all types of disease.

He warned the health personnel not to misuse drugs, dressings or any other facilities, adding that any defaulters would be dealt with seriously.

/13046

CSO: 5400/62

AIDS VIRUS DETECTED; NO ACTUAL CASES

PY031504 Asuncion HOY in Spanish 3 Jan 85 p 8

[Text] Dr Martin Chiola, of the Health Sciences Research Institute, has reported that the virus of the Aquired Immunodeficiency Syndrome, AIDS, has been detected in Paraguay.

"We conducted specific laboratory studies with the support of the U.S. Abbot laboratories, on a group of 51 patients made up of homosexuals, prostitutes, and drug addicts," Dr Chiola said. He added that "14 of these patients were confirmed as having the AIDS virus according with the tests, which are 98.6 percent effective. That is, there is only a 0.2 percent risk of a false result," he explained.

The test results show that these 14 people have had contact with the AIDS virus. "However it does not mean that the patient is ill. Of the 51 patients analyzed, the test results show that 14 of them had contact with the virus in the past and that their defenses have rejected it," Chiola said. This was demonstrated by the positive results of the laboratory exams which show that the patient has been in contact with the virus or that it is in a state of incubation, which may last from 4 months to 15 years.

"The AIDS virus has been detected in Paraguay," Dr Chiola said but he explained that this does not mean that we will all aquire it. He said that "there are no people sick from AIDS in our country."

When asked about prevention of this illness, Dr Chiola said that so far there is no vaccine or medicine for its prevention. "Hygiene rules must be complied with to prevent the virus from spreading. Another measure that could be adopted is to immediately order blood banks not to make blood transfusions without first analyzing the blood. This would prevent blood transfusions with the AIDS virus."

Although this method may not be totally reliable, there is no other course to follow.

"There are no reasons to become alarmed," Dr Chiola said adding that AIDS is an illness like any other.

/12913

CSO: 5400/2029

PRC PREVENTIVE MEDICINE TEAM CHECKS ON AIDS

Hong Kong HONGKONG STANDARD in English 9 Dec 85 p 4

[Unsigned article: "Special Chinese Team Checking on AIDS"]

[Text] A SPECIAL team under the Chinese National Centre for Preventive Medicine in Beijing is actively checking against Acquired Immunity Deficiency Syndrome.

This was disclosed by the Chinese vice-minister for public health, Guo Zi-heng, who arrived in Hongkong yesterday to participate in the first South East Asia Regional Nursing Conference.

Dr Guo said China had stopped importing blood products from other countries. Those who had received them before are undergoing AIDS tests.

He said there had been no report of the deadly disease in China since the first case was detected earlier this year when a foreigner fell victim to AIDS.

On birth control, Dr Guo said the national policy of "one couple one child" must be maintained to contain population growth. He said the regulation would not be relaxed in urban areas in the near future though it was waived in some rural areas a year ago.

He also gave a brief account of the development in Chinese public health system.

Dr Guo said prevention of diseases is the

primary objective. That is why maternal and child care has received much attention.

Another aim is to make a synthesis between Western medicine and Chinese medical system.

Besides, a balance in development between rural and urban areas is stressed as 80 percent of the Chinese population are peasants.

In the vast rural hinterland, the health insurance scheme serves as a useful network for policy implementation, said Dr Guo.

He said the major killer diseases in China are cardio-vascular arrest and cancer.

There has been tremendous improvement in the medical system since liberation, he said. The number of hospital beds has increased 30 times. The average life span now is 68 against 30 during pre-liberation period.

The lowering of infant mortality rate and the death rate due to infectious diseases are also impressive, said Dr Guo.

But there are still the tasks of upgrading the management, the professional standards and the equipment.

/12851

CSO: 5450/0089

PEOPLE'S REPUBLIC OF CHINA

PHYSICIANS IN PRC TO STUDY VENEREAL DISEASE

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 1 Dec 85 p 1

[Article by Kevin Sinclair]

[Text] Chinese doctors are going back to school...to study venereal disease.

Medical staff under the age of 50 are unfamiliar with VD symptoms because strict moves to wipe out prostitution after the communist victory also helped eradicate sexually-transmitted diseases.

Stern moral attitudes since then which frown upon pre-marital and extra-marital sex also reduced VD. There has been virtually no sexual disease in China since the 1950s.

But now, with the influx of millions of tourists, the Chinese authorities fear that sexually-transmitted diseases may again pose a threat.

The worry is that the open-door policy and the presence of contaminated outsiders could cause a VD revival. There are persistent rumours among visitors to China that prostitution is once more to be found in the big cities.

Leaders of China's medical services apparently think the risk is sufficient to have started courses for younger doctors which will help them recognise the symptoms of common forms of venereal disease.

The move was announced in Guangzhou last week when a senior adviser to the Ministry of Public Health, Dr Ma Haide, opened China's first international conference on leprosy.

Dr Ma is the man who spearheaded China's fight against VD in the 1950s.

Because of the changing pattern of life in China today, he told delegates that young doctors, men and women aged under 50, were being taught about VD.

They do not know how to diagnose, recognise nor treat ailments like syphilis and gonorrhea which were once endemic in China's cities and widespread in isolated country areas.

/9317

CSO: 3450/0083

BRIEFS

RESEARCH OF HEPATITIS--Beijing, 5 Dec (XINHUA)--Progress has been made in research on virulent hepatitis and China has taken the lead in the world in improving the quality of hepatitis vaccines. Blood vaccines against hepatitis B-virus are now produced in large quantities and have proved safe and effective in clinical use according to the current Fourth National Symposium on Virulent Hepatitis held here. An examination of over 1,000 hepatitis B-virus antigen carrier mothers and their new born showed that 90 percent of the infants by 6 months of age had been infected by their mothers. It is estimated that 80 to 90 percent would be antigen carriers for a long time. However, inoculating such babies within 24 hours of birth against the disease, infection through the mothers could be prevented with over 90 percent of the antigens turning from negative to positive and 80 percent of the babies were protected against infection. Chinese medical scientists combine immunization regulations with treatment to treat serious hepatitis, reducing the death rate to 54 percent from 90 percent. Progress was also made in the use of traditional Chinese medicines, especially in treating hepatic jaundice by use of medication to blood circulation and the unpeeled root of herbs. [Text]

[Beijing XINHUA in English 1108 GMT 5 Dec 85 OW] Hangzhou, 17 Jan (XINHUA)--Chinese doctors have succeeded in inoculating monkeys with Hepatitis A vaccine, according to the Zhejiang Provincial Academy of Medical Sciences. The success will greatly help research into human immunity of Hepatitis A, a disease found all over the world, said an academy official. Zhejiang doctors, with the help of the Chinese Academy of Medical Sciences, started the research project in 1978. Experiments on the monkeys has shown that the vaccine--developed from antibodies taken from human sufferers--can immunize 75 percent of the animals. Doctors expect the vaccine to be tested on humans during the next 5 years. [Text] [Beijing XINHUA in English 0657 GMT 17 Jan 86 OW]/12766

EFFORTS TO CONTROL RATS--Beijing, 8 Jan (XINHUA)--Public health officials today said 2 billion rats had been killed in China in the last 3 years, but 3 billion survived. Li Jiuru, director of the General Office of the Chinese Central Patriotic Public Health Campaign Committee, today called for continued efforts to destroy the vermin, who annually eat over 15 million tons of grain. That is equal to nearly 1.3 percent of the grain China produces, or enough to feed 50 million people at current levels, he said. Since the government launched its rat-killing campaign in March 1983, China has developed a team of experts specializing in rat-destruction, has set up a system of rat monitoring stations, and has developed efficient rat poisons. Li Jiuru said the rat epidemic

was due to years of dry weather and disruptions in the ecological balance caused by killings of such natural enemies of rats as hawks, foxes and snakes. There are 8 billion rats in the world, said Li. [Text] [Beijing XINHUA in English 1656 GMT 8 Jan 86 OW]/12766

MALARIA CASES UNDER CONTROL--Beijing, 18 Jan (XINHUA)--Malaria, a disease endemic to most parts of China, has been brought under control in the plain of the Yellow and Huihe River valleys, according to the journal, HEALTH NEWS. Malaria cases in the plain, which covers parts of Henan, Shandong, Anhui and Jiangsu provinces, accounted for 50 percent of the total number of cases in China until 1980. In the past 6 years scientists from Beijing and local doctors have cooperated in a determined effort to vaccinate the populations of the affected areas and disinfect breeding grounds of the malaria-carrying mosquitoes. They have also encouraged peasants to improve environmental sanitary conditions, eradicate mosquito habitats, use mosquito nets and increase ventilation. As a result, the incidence of malaria went down to 0.045 percent last year, HEALTH NEWS reported. [Text] [Beijing XINHUA in English 0843 GMT 18 Jan 86 OW]/12766

CSO: 5400/4105

DEFENSE MINISTRY DAILY REACTS TO READER INTEREST IN AIDS

Warsaw ZOLNIERZ WOLNOSCI in Polish 9 Dec 85 p 4

[Article by Col Piotr Bialokozowicz, M.D.: "The Most Dangerous Disease"]

[Excerpts] In writing my article for issue No 223 of this year's ZOLNIERZ WOLNOSCI dealing with the enigma of the most devastating disease AIDS, I did not anticipate the strong reaction and interest it aroused among our readers. Because of this avid concern I decided to better acquaint our readers with the epidemic, general and clinical symptoms as well as preventive steps which have to be taken in order to control this disease.

Aids Reaches Poland

During the past 2 years the Ministry of Health and Social Welfare has been following the epidemiology, therapy and all other developments achieved by medicine worldwide in the battle with AIDS. The State Institute of Hygiene has gathered records of several thousand test cases which will facilitate rapid diagnosis of this disease. Examinations of persons in the highest risk categories have been initiated.

According to the information given by the director of the Department of Immunology at the State Institute of Hygiene in Warsaw, as of now four homosexuals have been examined at their own request. A team of experts under the direction of Prof Dr Adam Nowoslawski is engaged in the AIDS project. The Institute for Parasitic Diseases at the Academy of Medicine in Warsaw has been designated as the clinic for diagnosing and treatment of AIDS victims, while the State Institute of Hygiene will be the center for laboratory and diagnostic research.

A representative of the Ministry of Health and Social Welfare has released information which states that the teams appointed to combat the AIDS problem have analyzed specimens of 1,670 persons in known high risk AIDS groups, including blood donors. Antibodies were found in four serum samples. These samples came solely from individuals in the highest risk group, namely homosexuals, where from among 52 homosexuals examined, two registered positive and the other two from 89 hemophiliacs tested who were treated with imported preparations derived from blood.

The results of these examinations indicate that the etiological factors of AIDS have reached Poland. Infections by the virus (HTLV-III/LAV) presently develop asymptotically and exclusively involve persons in high risk groups. All individuals carrying the antibodies anti-HTLV-III/LAV have been notified of the fact. They have been given clinical tests and are currently under medical observation. Blood donors in the risk groups are subjected to continual monitoring. None of the four positive cases reveals any clinical findings indicating the presence of AIDS. No antibodies have been found in the serum specimens of 20 drug addicts, 44 prostitutes, 1,340 blood donors and 34 recipients of blood transfusions. On the basis of presently available research data it is impossible to determine if any of the carriers will develop a full-fledged case of AIDS.

At the present stage of struggle with this alarming disease we have but two available options. The first is to properly apprise health services personnel of the latest advancements in this field; the second is to put forth a concerted effort to inform all of society, especially the maturing younger generation, of the enormity of this problem.

12306/12795

CSO: 5400/3006

HISTORIES, CONTACTS OF AIDS PATIENTS STUDIED

Lisbon DIARIO DE LISBOA in Portuguese 17 Dec 85 p 13

[Excerpt] Twenty-seven cases of AIDS and para-AIDS were studied by specialists in Portugal between October, 1984 and August, 1985, as revealed by an article in the weekly O MEDICO, to which we were given access.

Written by Maria Odete Santos Ferreira, a Portuguese pharmaceutical physician, and by specialists from the Viral Oncology unit of the Pasteur Institute of Paris, S. Chamaret and L. Montagnier, the study indicates that during that period, "a study was made of anti-LAV antibodies in the serum of 27 patients with AIDS or with persistent Generalized Lymphadenopathy Syndrome (para-AIDS or ARC); in the serum of 12 hemophiliacs; and in the serum of 55 heterosexual males without apparent illness."

According to the study, among 15 of the male individuals with AIDS, 11 were homosexuals, one was a B-type hemophiliac, and two were heterosexuals; these latter had "sexual contacts, respectively, with a Zairean woman and a prostitute", and a bisexual.

Among the homosexuals, the study says, three lived in New York and France, and one lived in Brazil. One of the homosexuals, who lived in West Germany in 1983, had "contacts with an African woman," as well as having had sexual relations with four Portuguese homosexuals, all of them later described as being AIDS patients.

"The patients with AIDS were in the 30-55 age group (with a mean of 40)," wrote the specialists.

The study published in the periodical O MEDICO says that of the twelve patients diagnosed as being carriers of para-AIDS, nine were homosexuals, two were hemophiliacs, and one was bisexual.

"They manifested lymphadenopathy in two or more extero-inguinal loci for more than three months, and also some clinical and hematological anomalies. No illness or treatment can explain the lymphadenopathy," emphasize the specialists.

The patients with para-AIDS, they add, were in the 21-54 age group, with a mean age of 34 years.

BRIEFS

SUSPECT CONGO FEVER MAN DIES--An 86-year-old man who was suspected of having Congo Fever, died hours after being admitted to the Pelonomi Hospital in Bloemfontein on Monday. Mr Sierkirus Metsing of Dewetshof was admitted to the hospital on Sunday, bleeding profusely and haemorrhaging from the bowels, nose and the mouth. He also had a high temperature. The hospital superintendent, Dr G J Viviers said yesterday that Mr Metsing died before diagnosis of the disease could be confirmed. "We are just making sure that he was not a Congo Fever victim," he said. "Any patients who have certain symptoms are suspect." "Up to date, there is nothing positive on the tests that have been done, and will will not have any results until the end of the week," Dr Viviers said. [Text] [Johannesburg THE CITIZEN in English 9 Jan 86 p 4] 713046

CSD: 5400/63

THAILAND

VD EPIDEMIC IN PHITSANULOK REPORTED

Bangkok THAI RAT in Thai 22 Sep 85 pp 1, 2

[Excerpt] There have been reports about a VD epidemic in Phitsanulok. As reported by THAI RAT, more than 200 people a day are coming for treatment. Dr Chatchawan Wiraphan, the Phitsanulok provincial public health officer, told reporters that it's true that over 200 people a day are coming for treatment of VD. On the average, about 17 "pink" cards are given each day. These are given to those with serious cases of VD, that is, to those who can transmit the disease to others. Most of the patients are between the ages of 20 and 29. Dr Chatchawan said that Phitsanulok is a large city. There are 45 places of entertainment and only 39 of these are under the supervision of provincial public health officials. Normally, public health officials control the spread of diseases by the prostitutes at the various places. Prostitutes from both supervised and non-supervised places of entertainment are given a physical examination once a week. If they do not come for an examination, provincial public health officials go to their places of work to examine them.

Besides this, on the prevention front, the provincial public health officials hold public health demonstrations at the schools and colleges. For example, slide lectures are given and leaflets about VD are distributed. Those women found to have VD or who are suspected of having VD are issued a blue ja-jeet's card. Those who are seriously ill are issued a pink card. If a man who goes to a place of entertainment suspects that a girl has VD, he can ask to see her card. If she has a pink card, he should definitely not engage in sexual relations with her.

11943

CSG: 5400/4334

AIDS ISSUE CONFRONTS PUBLIC HEALTH AUTHORITIES

Current Statistics Reported

Bangkok DAILY NEWS in Thai 6 Nov 85 pp 1, 2

[Excerpt] Dr Winit Atsawasanao, the director-general of the Communicable Disease Control Department and chairman of the AIDS Prevention and Control Coordination Committee, and Dr Amnuai Traisupha, the director of the Division of Venereal Diseases, issued a joint statement to the mass media on the evening of 5 November. They said that the Coordination Committee had held a meeting that afternoon. At the meeting, a report was read on the results of the blood tests given to a sample of prostitutes and homosexuals in the Phatphong and Phathaya areas during the period 1 October to 1 November. In the Phatphong area, blood tests were given to 549 prostitutes and 351 homosexuals. It was found that two men and one woman had the AIDS virus. At Phathaya, blood tests were given to 441 prostitutes and 230 homosexuals. Three men were found to have the AIDS virus. Of these three, two were Thai and one was a foreigner. Besides this, two Americans who had gone to the hospital for an examination were found to have the AIDS virus. Thus, eight people were found to have the AIDS virus. When these are added to the 14 people previously found to have the AIDS virus, a total of 22 people in Thailand have been found to have the AIDS virus. Seven of these were foreigners, and five of them have already returned home. However, further cell tests must be done at the Chulalongkorn Hospital in order to confirm that these people really do have AIDS.

The director-general of the Communicable Disease Control Department said that prostitutes and homosexuals with the AIDS virus should not engage in sexual relations with anyone. That would just spread the disease. The reason why this survey discovered such a large number of people with AIDS was that this was a large survey and it was conducted in areas where there is a high risk of contracting the disease. Another survey will be conducted in Phathaya in order to check the remaining 2,000 prostitutes and homosexuals. This is expected to be completed by the end of November. Denmark has confirmed that it will send sufficient chemicals to conduct another 3,000 tests. The tests will be conducted in areas where there is a high risk of contracting AIDS, such as Chatuchak Park and Lumpini Park, and provinces visited by large numbers of tourists, such as Phuket and Samui Island.

Dr Winit said that there have been six cases of AIDS in Thailand. Three have been Thai and three have been foreigners. All six have died. The latest victim was a 52 year old German. He died just last month. Doctors have also identified five others, four men and one woman, classified as being pre-AIDS (first-stage AIDS). The latest case was found last month. He is a heterosexual Thai male. He recently returned from the United States, where he contracted the disease from an American woman. He is said to have had sexual relations with American women three times a week. To date, no progress has been made in finding a cure for AIDS. All doctors can do is treat the symptoms. There is still no drug to kill the AIDS virus. As for the reports that certain companies are producing a drug to cure AIDS and that doctors will conduct tests, the drug has not arrived, and it will have to be used with patients who have not yet exhibited any symptoms.

As for promulgating a law to prevent foreigners with AIDS from entering the country, Dr Winit said that this matter has been submitted to the Ministry of Interior. The Ministry of Interior turned the matter over to the Police Department on 22 October. The Police Department will turn the matter over to the Immigration Division.

Protective Measures Planned

Bangkok THAI RAT in Thai 26 Sep 85 pp 1, 18

[Excerpt] The AIDS Committee held its second meeting at the Ministry of Public Health on the afternoon of 25 September. The meeting lasted from 1400 to 1630 hours. Dr Winit Atsawasanao, the director-general of the Communicable Disease Control Department and the committee chairman, said that to date, in Thailand, only five Thais have been found to have AIDS. All five have died. Another four, three men and one woman, are in the first stage of the disease. Blood tests on another 14 people have been positive. Of these, Dr Winit said that five are foreigners, mostly Americans, including a pilot, a diplomat and tourists. Two are women--a wife and a prostitute. The others are homosexuals or bisexuals.

The director-general of the Communicable Disease Control Department said that the committee issued a resolution to have venereal disease units conduct tests for AIDS among 3,000 homosexuals and prostitutes in the Phatphong and Phathaya areas. The tests will be given free of charge. A "blue health card" will be issued to homosexuals whose tests are normal. A pink health card will be issued to prostitutes. This will cost approximately 1 million baht. If the AIDS virus is found, the survey will be expanded to other areas. People will be retested in 6 months.

"We are coordinating things with the University of Copenhagen in Denmark in order to conduct comparative studies on AIDS cases found in Europe, Africa and Asia," said Dr Winit. At present, there is a Ministry of Interior order prohibiting foreigners with leprosy, elephantiasis, infectious TB and syphilis from entering the country. The AIDS committee has asked the Ministry of Interior to add AIDS to this list.

Dr Winit mentioned the reports that medicinal herbs are being used to treat AIDS. He said that this is probably not true. The three hospitals with information on AIDS are Chulalongkorn, Sirirat and Rama. The Division of Venereal Diseases coordinates matters. These three institutes are still debating the details and how to treat AIDS patients.

Legal Steps Considered

Bangkok MATICHON in Thai 25 Nov 85 pp 1, 16

[Excerpt] On the morning of 24 November, Mr Marut Bunnak, the minister of public health, presided at the opening of a seminar on drugs held at the Hyatt Central Plaza Hotel. The seminar was organized by the National Association for the Development of Resources for Society. About 70 people attended the seminar.

Dr Anuwat Limsuwan, the president of this association, said that AIDS did not originate in Thailand. It originated in the United States. To date, the AIDS virus has been found in 12,996 people. Of these 996 live outside the United States. But this disease is not yet a problem for Thailand because few cases have been found here. However, there are danger signals. Communications and travel are convenient and so the disease could easily spread. Having AIDS is like being sentenced to death. All a person can do is wait to die. There is no drug or vaccine to cure the disease.

Dr Anuwat said that to avoid contracting AIDS, people should not engage in sexual relations with foreigners. If they do, they should have periodic physical examinations. If someone comes in contact with the nasal mucus, saliva, feces or urine of a person with AIDS, the person should wash his hands in a solution of Hyder detergent, which contains chlorine, and water. This solution should be 10 times stronger than normal.

"So far, we have found six cases of AIDS in Thailand. The AIDS virus has been found in another 22 people. But to date, these people have not developed any symptoms. However, it is feared that these people will spread the virus to others. We cannot control these people because there is no law on this. All we can do is make recommendations about proper hygiene," said Dr Anuwat.

Dr Anuwat said that the AIDS control bill has been approved by the Ministry of Public Health. It is now being considered by the Ministry of Interior. Unless this bill is passed into law very soon, AIDS could become a health problem in Thailand. This law will prevent the spread of AIDS. Those who have AIDS will be quarantined. This is a very serious contagious disease. If a foreigner is found to have this disease, we will have the right to deport him immediately. We will also have the authority to close the illegal gay bars and massage parlors.

11943

CSO: 5400/4336

LIVER FLUKES SPREAD IN NAKHON SAWAN

Bangkok MATICHON in Thai 3 Oct 85 p 3

[Unattributed report: "Serious Outbreak of Liver Flukes; Cattle and Buffalo in Nakhon Sawan Die"]

[Text] Liver fluke disease is killing cattle and buffalo in Nakhon Sawan Province. The provincial livestock official is mobilizing officials to help the farmers. Antiparasitic agents should be used to purge the flukes.

Mr Phinai Musikun, the provincial livestock official in Nakhon Sawan Province, said that surveys of the animal husbandry activities of the farmers in various districts in Nakhon Sawan Province have shown that there is a serious outbreak of liver fluke disease in cattle, water buffalo, goats and sheep. The livestock grow thinner and finally die.

There has been a serious outbreak of this disease in livestock raised near the Boraphet Swamp and near various sources of water where large numbers of freshwater snails live. The affected areas include Phra Non and Khaeo Yai subdistricts in Muang District, Wang Mahakon Subdistrict in Thatado District and Thap Karup Subdistrict in Chum Saeng District.

Mr Phinai said that the Nakhon Sawan Provincial Livestock Office have ordered livestock officials to go provide farmers with information about liver fluke disease and make recommendations on how to prevent and treat this disease. If a person suspects that his livestock have liver flukes, he should seek advice from a veterinarian in order to ensure that the correct medicine is used. This disease can be transmitted to humans. Thus, meat should not be eaten raw; it should be well cooked.

Mr Phinai said that the cattle and buffalo that contract this disease will gradually grow thinner. They will develop anemia and lose weight. Initially, they will suffer constipation. During the final stage, they will have chronic diarrhea. They will not eat and will grow weaker. Autopsies show that the flukes have destroyed the liver. The livers of such animals are hard and larger than normal. Currently, the most suitable method of treating this disease is to give the livestock antiparasitic agents.

11943

CSO: 5400/4336

1986 GOVERNMENT SPENDING ON HEALTH PROGRAMS SPELLED OUT

Port-of-Spain EXPRESS in English 31 Dec 85 p 3

[Text]

THE Ministry of Health and Environment estimates that it will spend more than \$73 million in developmental programmes in 1986.

According to the Draft Estimates of Expenditure for Developmental Programmes 1986, the bulk of the money, more than \$64 million, will be allocated for long term development. This includes the purchase and installation of plant and equipment at the two general hospitals, the Caura Chest Hospital, St Ann's Hospital, St James Radiotherapy Unit, and two district hospitals.

It also provides for preparatory and construction works at a number of hospitals and health facilities. Among these are the New Arima Hospital and new health facilities at Arima and Mayaro.

In community mental health programmes, the Tumpuna Rehabilitation Centre, will be upgraded and construction of bedsitter flats for medical officers is also provided for. The funds are also to be used to settle outstanding accounts.

And it provides for the conversion of classrooms into a laboratory, professional services relating to the construction of an administration building for the Ministry of Health and Environment, the relocation of patients from Chachacare, medical and professional staff and other start-up costs.

Close to \$7 million dollars of a consolidated fund will be apportioned to the major hospitals. Port of Spain General Hospital will have its air conditioning system

refurbished in the operating theatre and X-ray department. A steam boiler will be purchased and installed. A "general improvement and renovation of wards and refurbishing of elevators," is planned.

At the San Fernando General Hospital, the old blood bank, Ward 17 and the old hospital will be renovated.

Caura Chest hospital will have its water supply upgraded, a substance abuse centre will be provided for and general improvement works will take place. While at St Ann's Hospital, the security system will be improved, and a new boiler will be installed. Point Fortin Hospital will have general improvement of its wards and repairs to the sewerage system.

/6091

CSO: 5440/036

MALARIA CASES SHOW DRAMATIC RISE IN 1985

Port-of-Spain EXPRESS in English 7 Jan 86 p 5

[Text]

REPORTED cases of malaria rose to 10 in 1985 after remaining at an average of four cases for almost 20 years.

Dr Rosemary Paul acting Principal Medical Officer in the Ministry of Health and Environment said the rise in malaria was not indigenous in origin but was imported either by Trinidadians returning from abroad or from foreigners coming into the country. The highest incidence was noted from people coming from India and Africa.

In Trinidad and Tobago malaria has been wiped out virtually since 1965 and the number of cases reported each year ranged between three and four. Dr Paul said there has been a general world-wide increase due mostly to the fact that the mosquito, carriers of malaria have become resistant to pest control agent DDT and the parasite mosquito *plasmodium falciparum* is showing resistance to first and second line drugs, chloroquine-primaquine and Fansidar

which is a combination of two drugs.

In addition, dwindling resources in many tropical countries, the breeding ground for these mosquitoes, has meant a cutback in funding for health programmes.

Dr Paul said that all of these factors add up to the fact that the resulting malaria is much more severe than the original and more difficult to treat.

The Ministry of Health is thus striving to get people to appreciate these facts and note that some stringent measures should be observed particularly by those people going abroad on vacation.

Attempts to do this has been made through a number of avenues: the family fair held in October, the Ministry of Health has persons visiting schools to alert children and the Government Broadcasting Unit in a few programmes has sought to highlight this. Travel agents and tour organisations have also been asked to help.

/12379

CSO: 5440/039

DOCTOR COMMENTS ON ERADICATION OF LEPROSY

Hanoi HANOI MOI in Vietnamese 12 Nov 85 p 2

[Article by Dr Trinh Ngoc Thinh of the Hanoi Dermatology and Venereal Diseases Clinic: "Leprosy and the Activities of the Hanoi Dermatology and Venereal Diseases Sector"]

[Text] For many years now the Hanoi Dermatology and Venereal Diseases clinic has continually promoted all activities in fulfilling the plan to eradicate leprosy. It selected Tu Liem District as a test point and began the work of eradicating leprosy in the district beginning in January 1983. During the past 3 years, with the assistance of the Municipal People's Committee and the Public Health Service, and most directly of the People's Committee of Tu Liem District, the Dermatology and Venereal Disease Clinic, with its status as a leading specialized clinic in the municipality, guided and cooperated closely with the Tu Liem public health bureau and hospital in completing basic steps in carrying out the leprosy eradication work. A district guidance committee was formed, with the participation of the heads of the public health bureau, the culture and information bureau, the culture and information bureau, the war invalids and social welfare bureau, and the hospital. It reviewed the situation of leprosy patients in the district, gave them new medicine, and especially carried out a basic study of the population in order to uncover the disease (September 1984). The district organized skin examinations for more than 130,000 people. It treated tens of thousands of people with ordinary skin diseases, and especially discovered a new leprosy victim who had not yet disabled and treated that victim. The eradication of leprosy in Tu Liem is continuing and efforts are being made to eradicate the disease by 1990. It will become the first district in the municipality to fulfill its leprosy eradication plan.

The enterprise of fighting leprosy is still very difficult because of the misconceptions regarding that disease. It is necessary to have the assistance of the party committee echelons and the governmental administration, and especially the sympathy and support of the popular masses. Many people still mistakenly think that leprosy is a hereditary disease and cannot be cured. Today, with the development of medical science, leprosy is not longer a disease that is difficult to cure, and is only an infectious disease, like many others. It may be contracted from others, but it is very difficult to do so, it can be contracted only to a certain degree, and the right conditions

must be present. The leprosy bacilli reproduce very slowly (12 to 14 days), do not survive well in the exterior environment, and are easily killed by light and temperature. Furthermore, today we have many types of medicines which provide effective treatment, such as DDS (Diamino, Dyprenil, Suifon), Rifampicin, Amphren, etc. With the use of some kinds of medicines, after a week of treatment the leprosy bacillus is broken and loses the capability to cause the disease.

Leprosy does not kill, but it is crippling. At present, we note the existence of a number of people who are leprous and disfigured. That results from late detection and late treatment, or from a lack of uninterrupted treatment. Therefore, it is extremely important to detect the disease early and treat it immediately. If it is treated immediately and continuously, there will be no crippling and the person with leprosy will continue to be attractive, will heal, and will be sufficiently healthy to serve society. Therefore, in the detection work, in addition to having an extensive network to fight leprosy and specialized knowledge, propaganda concerning the new concepts about leprosy and the initial symptoms of the disease must be widely disseminated so that everyone can diagnose the disease and remind one another to go to a dermatology and venereal disease installation for an examination and treatment.

Today the treatment of leprosy differs completely from that in the past. It is only necessary to give outpatient treatment, provided that the patient is at ease, confident, and is persistent in taking treatment. The treatment, and eventual elimination, of leprosy is a seething concern of the dermatology and venereal disease sector in general and of the Hanoi dermatology and venereal disease sector in particular.

5616

CSO: 5400/4331

HEALTH WORK REVIEWED, PLANNED

Hanoi SUC KHOE in Vietnamese 20 Oct 85 p 6

/Article: "Health Conference To Review Work of the 1981-1985 Period and To Plan for the 5-year Period 1986-1990"/

/Text/ Recently, in Hanoi, the health sector held a conference to recapitulate its work in the 5-year period 1981-1985, and to discuss the direction to follow and the tasks to be included in the 5-year 1986-1990 health plan. Public Health Minister Dr Dang Hoi Xuan made a general report and outlined the planned direction and missions for the next 5-year period, 1986-1990. Comrades deputy ministers Nguyen Duy Cuong, Nguyen Cong Thang, Hoang Dinh Cau and Pham Song, and Dr Pham Kim, secretary of the Health Trade Union of Vietnam, read other specialized reports. Minister Dang Hoi Xuan stated:

Carrying out the task of permanently developing the health sector to support production and serve the people, primarily the workers, the sector uses the guiding policy of considering general public health service its main focus, and specialized health services as a supporting component. Improving quality is our first concern, and we are also implementing the method of, "the state and the people, the central and the local levels work together," coordinating closely with other sectors to boost health services, and taking the "five-completion campaign" as our motivation. Due to widespread and active application of preventive measures in the whole country, outbursts of epidemics were uncovered and stamped out in a timely manner. Compared with the previous 5-year period, the ratio of cholera and plague patients in 1981-1985 drastically decreased. Up to now, there are approximately 90 districts and over 2,000 villages and subwards meeting the norms for completely eradicating those two terrible diseases, an increase of over 40 districts and over 1,000 villages and subwards compared with 1980. Planned parenthood and health services extended to mothers and infants, which has a strategic importance and heavily affects the national economy and the people's lives in our country, has achieved good initial results and progressed in the right direction. The 3.2-percent population growth of 1976 has come down to 2.4 percent in 1980 and 2.29 percent in 1984. By the end of 1984, 40 districts and cities, and over 2,000 villages were certified as having completed their planning parenthood objectives (with a population growth of 1.5 percent), a twofold increase compared with 1980.

Other activities in the domains of consultation, treatment, preventive measures against social and infectious diseases, rehabilitation, nutrition, infant hygiene, physical fitness and health management are being improved and developed. In the past 5 years, the health sector has expanded its consultation networks, augmented its outpatient consultation and treatment services, and the total annual number of outpatients were 2.5 to 3 million, equal to 40 percent of that of inpatients, or an equivalent of 75,000 beds/year. Preventive measures against social and infectious diseases were expanded in the entire nation. Malaria eradication overcame many impediments, and decreased the blood parasite ratio in the south from 3.5 percent in the previous 5 years to 2.5 to 3 percent in 1984, and in the north, it stamped out a tendency of the disease to spread. In terms of tuberculosis, every year, there are approximately 1 million persons taking phlegm tests, and the ratio of patients having positive phlegm (BK+) was decreasing: in 1980, it was 1.1 per thousand in the north, and in 1985, it is estimated that it will come down to 0.8 per thousand. The same ratio in the south, in 1980, was 2.1 per thousand, and in 1985, it was 1.3 to 1.6 per thousand. The ratio of tuberculosis patients completely cured was up: in 1980, it was 26.8 percent; in 1983, 58.6 percent. The ratio of leprosy patients is now, in northern provinces, 0.7 to 0.9 per thousand, and in southern provinces, over 1 per thousand. Leprosy is 15 percent inpatients and 75 percent outpatients in the north. There are 27 districts certified as having basically eradicated leprosy. Preventive measures against venereal diseases have been strengthened, particularly in provinces in the south and large cities in the north. The prevention and fighting of trachoma continues to develop, and between 1981 and 1984, the number of patients treated increased fourfold. By the end of 1983, 216 districts have completely eradicated entropion, and in the same localities, fighting blindness was successful. Colter and mental diseases were gradually but seriously dealt with through preventive and treatment measures.

To augment and improve its capabilities in disease prevention and treatment, the health sector has done a great deal in inheriting and developing the national traditional medical science. The Institute of Acupuncture was created, more traditional medicine hospitals were organized at the province level, and dispensaries and medical teams, at the district and village levels. Basic and advanced training was provided for secondary, university and postuniversity-level cadres on traditional medical science. Up to now, in the whole country, there are 3 institutes for traditional medicine research and acupuncture, 2 superior and secondary schools, 31 hospitals, 205 departments in general hospitals, 300 dispensaries, and thousands of traditional-medicine teams at the grassroots level including 6,000 healers, over 500 doctors from preliminary specialists to specialists levels I and II, 6 professors, and nearly 1,000 physicians. Over 5,000 doctors, pharmacists and physicians received complementary training in traditional medicine. These efforts resulted in many cases successfully treated, and the traditional-medicine sector enjoyed a good reputation in the country and in the world.

In the past 5 years, the health sector took the initiative in solving many problems related to pharmaceutical products, in strengthening the pharmaceutical sector and made it an economic sector which was able to address the existing needs and to grow. The health sector has created the Federation of Pharmaceutical Enterprises of Vietnam and the Pharmaceutical Import and Export Corp. at the

central level, joint enterprises and federation of enterprises in provinces and cities, and assigned most pharmacies to districts, with a widespread network of drug distribution extending through villages and subwards. In general, the pharmaceutical sector has stepped up the production of pharmaceutical products, in which the production of raw materials gradually gained in importance. In function of local capabilities and resources, some pharmaceutical regions with substantial output were created, linking planting and harvesting pharmaceutical products with the construction of production facilities. To address the ever-increasing expansion needs, the pharmaceutical sector extended the production of chemical drugs at the central level and in some localities, and is making progress in building a national antibiotic factory. It is also preparing for the construction of a large antibiotic plant in the next 5-year plan. The health sector has reviewed and approved for production 73 new drugs manufactured with domestic raw materials. The general output of the whole sector was up from 219 million dong in 1981 to 1 billion dong in 1985. The value of pharmaceutical products, from 49.7 million in 1981, rose to 177 million dong in 1984. The value of exported pharmaceutical products increased 10-fold. The movement for self-sufficiency in medicinal herb production at the village has been stimulated in the context of the assurance of supplying enough essential pharmaceutical products for the people. Up to now, over 120 districts and more than 3,000 villages and subwards received certification as having satisfied the norms in planting and using traditional-medicine herbs. Development of production and initiation to the use of medicinal herbs at the village level contributed to addressing the needs of the people in disease prevention and treatment.

In the past 5 years, the health sector has built, strengthened and developed the health system in the whole country, with the focus placed in certain areas. A most important achievement in the period was the concentration of efforts in perfecting the health organization in districts, primarily those hosting key economic and national defense installations. Some districts have built central laboratories and operated them with success. The area general dispensaries also increased 50 percent, with an average of 1.5 dispensaries for each district. Many localities saw to it that the health networks extended to production groups, hamlets, mountainous hamlets and workshops. Eighty percent of health stations were assigned doctors, and many villages had two to three paramedics, and a few had doctors. The average doctor availability was eight for each district (in southern provinces, the average is still low). Most districts had pharmacists. In 1980, there were an average of 7.8 paramedics and doctors for each 10,000 population; in 1984, the number rose to 9.04. In each year of the last 5-year period, there were 1,500 to 2,000 doctors, 250 to 300 college-educated pharmacists, 1,500 to 2,000 physicians, and over 3,000 nurses, midwives and technical workers graduating from schools. Up to now, the health sector has 230 PhD's and MS's in health science, 2,000 specialist doctors and pharmacists of level I and II, and 229 professors of level I and II. The total number of doctors is 18,000 and that of college-educated pharmacists, 6,000.

In terms of physical and technical facilities, in the past 5 years, thousands of basic health stations, and hundreds of area general dispensaries were newly built or repaired, and on the average, every year, 10 handsome district hospitals were built under the formula, "the state and the people work together." Up to

now, nearly 200 hospitals, over 400 epidemic- and malaria-control sanitation groups, nearly 200 area general dispensaries, and 3,000 villages received medical equipment from foreign aid. In addition to provincial and municipal general hospitals, 29 provinces and cities had mental health hospitals. The number of hospital beds for each 10,000 population (including state-built and people-built hospitals) keep increasing: in 1980, it was 31.8; in 1984, 35.

In addition to achievements obtained in the building and development of the sector and in health protection for the people, in the past 5 years, the health sector has accomplished its missions in combat, in participating in the fight against floods and typhoons, and in assisting the two brotherly countries of Kampuchea and Laos. The sector has made itself ready with enough personnel, drugs, medical equipment and other means, and actively took a host of preventive measures and emergency assistance operations for flood and typhoon relief as those calamities have repeatedly occurred and struck many regions with damage and destruction never experienced before.

In international cooperation matters, the health sector has stepped up a fundamental and total cooperation with the Soviet Union, other socialist countries, and with the CEMA Bloc, strengthened and expanded cooperative relations with nationalist and capitalist countries in Africa, Asia, Europe and Latin America, securing large amounts of material and technical aid and medicine, and enhancing the prestige of Vietnamese medical science in the world.

Evaluating the achievements and successes as well as the weaknesses still in existence of the health sector in the past 5 years, the minister's report also analyzed the causes of deficiencies, and the lessons to be learned in the execution of health tasks in the next period. In terms of the general direction and the two central missions in the next 5 years, the whole sector will focus on health-protection activities and on enhancing quality in all work domains. Preventive medicine will be steadfastly applied. General health services will continue to be intensified, with focus placed on the district area and on sector health services. Specialized health services will be gradually, and to a certain extent and with a certain focus, improved and developed, with priority to large cities: Hanoi, Ho Chi Minh City and the two important centers of Bac Thai and Can Tho. The sector will be, at any time, prepared to provide health and medical support in a combat situation for the protection of the fatherland. The pharmaceutical sector will be upgraded; the medical material supply and equipment sector will be improved, domestic pharmaceutical production will be increased in order to reduce imports in drugs and medical equipment; and export capabilities will be expanded to reach a balance in medical imports and exports in 1991-1995. In terms of international relations, cooperation will be extended, primarily with the Soviet Union and other socialist countries in the CEMA Bloc, and cooperation and mutual assistance will be continued with Laos and Kampuchea.

In light of the evaluation of their achievements and weaknesses, cadres and employees of the health sector deserve the title of revolutionary models who, with all their hearts, care about the protection of the people's health, and directly contribute their labor and efforts in the great achievements of the revolution and the people in the whole nation in past years and in the next 5-year plan.

\$2 MILLION PROJECT TO ERADICATE HEARTWATER DISEASE

Harare THE HERALD in English 27 Dec 85 p 4

[Article by Pascal Mukondiwa]

[Text] Harare's Veterinary Research Laboratory is working on a US\$2 million project to develop a vaccine against heartwater disease.

In support of this effort, the United States Agency for International Development (Usaid), under its Zimbabwe Agricultural Sector Assistance Programme (Zasa), recently signed a US\$1.1 million contract with the University of Florida to provide technical assistance to the programme.

An additional \$900 000 will be provided for local support costs.

The laboratory will be assisted by University of Florida technical experts during the next three years. The experts include a tick ecologist and an immunologist.

The most up-to-date equipment available will be provided for the laboratory for use in this vaccine development project which is expected to get under way early next month.

The main objective is to develop a vaccine for the control of the disease, which kills cattle, sheep and goats, and currently costs Zimbabwe at least \$6 million annually to control by dipping.

In terms of stock losses, it is the most lethal tick-borne disease in Zimbabwe and any advance in its control will benefit farmers in marginal and low-rainfall areas where the disease vectors occur.

The necessity of developing a vaccine against heartwater is emphasised by the fact that techniques have recently been developed in the United States and have been employed with success to produce vaccines against the only two other tick-borne disease, babesiosis and anaplasmosis.

In the low-rainfall areas, heartwater is the only remaining tick-borne disease without a vaccine. Its control is therefore synonymous with the reduction of even elimination of dipping.

Little research on heartwater has been undertaken but in recent years interest in the disease has been growing as its importance in other sub-Saharan countries has been realised.

Interest in heartwater is also growing the the Americas as the disease has been introduced into the Caribbean.

/13046

CSO: 5400/61

NEW VACCINE AGAINST HEARTWATER DISEASE

Bulawayo THE CHRONICLE in English 25 Dec 85 p 14

[Text] Harare's Veterinary Research Laboratory is working to develop a vaccine against "heartwater" an economically important livestock disease in Zimbabwe.

In support of this effort, USAID, under its Zimbabwe agricultural sector assistance programme (ZASA), has recently signed a US\$1.1 million contract with the University of Florida to provide technical assistance. An additional Z\$900 000 will be provided for local support costs.

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Interest in heartwater is also growing in the Americas as the disease has been introduced into the Caribbean and has spread to several islands.

It is felt that the possibility of developing a safe and effective non-living vaccine in Zimbabwe is excellent as the same techniques that were used to develop an anaplasmosis vaccine can be used for heartwater, which is caused by a closely related disease organism.--United States Information Service.

/13046

CSO: 5400/63

BRIEFS

POULTRY DISEASE EPIDEMIC--Jhenidah, Nov 27--Poultry diseases have broken out in an epidemic form in different areas on Jhenidah District. Many poultry birds died of these diseases within a month. The worse affected areas are Moheshpur and Harinakunda upazilas. Passengers of Kortchandpur Railway Station on Khulna Parbatipur route have been suffering for want of a waiting shed in the platform. Thousands of passengers from far and near have to remain standing at the platform for hours together under the open sky. Kortchandpur is a big and important railway station in the district with many government offices, banks and educational institutions. [Text] [Dhaka THE BANGLADESH TIMES in English 28 Nov 85 p 2] /9317

CSO: 5450/0086

ONTARIO VACCINATION PLAN TO COMBAT RABIES DISCUSSED

Toronto THE GLOBE AND MAIL in English 16 Oct 85 p A11

[Article by Gary Webb-Proctor]

[Excerpts]

Despite warnings by the Ontario Veterinary Association and Government officials that rabies is reaching epidemic proportions in Ontario, boards of health in some of the worst-hit counties are refusing to adopt a new provincial plan for compulsory vaccination of domestic animals.

Only one of the five counties with the highest numbers of rabid animals reported and highest numbers of humans requiring treatment for infection has agreed to adopt the plan.

Two counties are still considering the program, but two of the top five problem counties, and several others, have rejected it.

Among the five worst hit counties only Haliburton — which leads the province in numbers of people requiring rabies treatment, with 240, and is third in numbers of rabid animals reported, with 160 — has so far agreed to implement the program.

The plan enables health boards to require the compulsory immunization of dogs and cats that are older than 3 months.

Statistics compiled by the wildlife research section of the Ministry of Natural Resources show that while just 8 per cent of all animal rabies occurs among domestic pets such as cats and dogs, these pets are the source of exposure to humans in 54 per cent of the cases, said Peter Bachman, a ministry rabies technician.

"You could call it an epidemic. Rabies is endemic to Southern On-

tario and goes in cycles of outbreaks among wildlife, so you might have an epidemic in certain areas at certain times," he said.

Untreated rabies in humans is always fatal; but although 1,626 Ontarians were infected last year and nearly 2,000 already this year, the last time a person died of the disease in Ontario was in 1967.

Recently, however, an Alberta man died of rabies after he was infected from a scratch by a wild animal while camping in British Columbia.

By the time symptoms appear, it is too late to treat the disease, which attacks the central nervous system. Ontario officials fear that if too many domestic animals contract rabies, it will be only a matter of time before there are more deaths in Ontario.

Dr. Alvin Evans, a senior veterinary consultant to the Health Ministry and the architect of the new program, said the "severe" increase in the number of humans requiring treatment can best be controlled best by immunizing pets.

Humans exposed to rabies by pets

But Grey County, which leads the province with 172 rabies reports so far this year, and the high-incidence counties of Wellington and Bruce have all rejected the plan, saying it would cost too much to administer

and is an unfair burden on pet owners.

Some of the counties say that if vaccination of pets is to be compulsory, they want free clinics rather than those contemplated in the provincial plan, which uses the services of members of the Ontario Veterinary Association, who will charge \$3 to \$5 an animal.

In October, the federal Government ended its long-standing program of free rabies clinics, and the move appears to have raised the hackles of some county officials.

Durham County, where the number of rabid animals reported (121) and humans infected (209) has tripled over 1984 figures, has discussed the program, but has not decided whether to join it, said Brian Devitt, director of the county health unit.

Simcoe County, which has the second-highest number of rabid animals reported and third-highest

number of infected humans, is also undecided.

Dr. Robert Aldis, the medical officer of health in Wellington County (which is fourth in the number of reports of rabid animals, up 300 per cent over 1984), supports the decision of his health board to reject the program.

Waterloo region, which has been identified by the Ministry of Natural Resources as an area with a 75 per cent probability of having a severe outbreak of rabies between October and April, "doesn't really need the program," said Dr. Beth Huntington, the area's medical officer of health.

No domestic animals have been reported rabid this year and only one cat was reported in 1984, she said. However, a rabid fox appeared two weeks ago in a suburban area.

/12379

CSO: 5420/43

RINDERPEST UNDER CONTROL IN GONGOLA

Kaduna NEW NIGERIAN in English 28 Dec 85 p 16

[Text] Governor of Gongola State, Lt.-Col. Yohanna Madaki, has said the incidence of rinderpest, a contagious viral disease that kills cattle, has been subdued in the state, stating that there were only four cases of the epidemic which killed 107 cattle this year.

Launching a campaign against the killer disease in Yola recently, Lt.-Col. Madaki said 3,849,274 heads of cattle had been vaccinated since the major outbreak of disease three years ago.

According to him, the state government would not relent in its efforts to eradicate the disease completely. He said that was the only way to prevent an economic disaster.

The governor remarked that livestock production was the pivot of the state's economy, saying that statistics had shown that the state, with 5.2 million heads, had the highest cattle population in the country.

Governor Madaki said "other disease control strategies such as the putting into quarantine of infected herds, control of cattle movements across borders were intensified."

He observed that some of the major constraints which militated against the smooth-running of the campaign in the past were shortage of vaccines, insufficient equipment and inadequate transport facilities.

The Commissioner for Agriculture, Dr. Godwin Billi, had said the purpose of the campaign was for the control of the deadly disease and enforcement of other livestock disease control measures.

/13046

CSO: 5400/62

BRIEFS

DERMATOPHILOSIS AID TO ST MAARTEN--DR ERNEST CAESAR, Senior Veterinary Officer in the Ministry of Agriculture, Lands and Food Production, upon request of the Food and Agriculture Organisation (FAO) representative in Trinidad and Tobago, has been granted approval by Cabinet to visit St Maarten to investigate the problem of dermatophilosis with a view to setting up a control strategy for the disease. Dermatophilosis is a disease which can affect most farm animals. Initially, the disease detracts from the appearance and consequently the value of the hides. But more important, it renders the animal prone to secondary bacterial infection and maggot infestation which have a debilitating effect on the animal, resulting in reduced milk and beef production. The Ministry, in the spirit of technical co-operation, is disposed to making the services of a vet available to St Maarten. It is felt, too, that Trinidad and Tobago can benefit from granting this technical assistance. [Text] [Port-of-Spain EXPRESS in English 4 Jan 86 p 6] /12379

CSO: 5440/039

ULSTER LIVESTOCK TB, BRUCELLOSIS ERADICATION ASSESSED

Belfast NEWS LETTER in English 4 Jan 86 Farming Life p 1

[Text] **THE Department of Agriculture has spent about £74 million in the fight to eradicate TB and brucellosis among livestock in the Province.**

But so far the TB campaign has not been as successful as the brucellosis one, according to the department's Chief Veterinary Officer, Mr Bill Sullivan.

In the early 1960's when the brucellosis campaign was launched about 25 per cent of the Province's herds were affected by the disease which causes cows to

abort.

Last year only two of the 40,000 herds were affected with a total of four reactors.

That out of a livestock population of about one and a half million, indicated the strides which have been made by the department and the industry, said Mr Sullivan.

Northern Ireland is the first part of the British Isles to have achieved such a high level of success, enabling it to be designated by the EEC as brucellosis free.

This was not achieved without co-operation with the farming community, said Mr Sullivan who yesterday revealed his department spent about £32 million buying affected stock and cattle exposed to the disease.

An Ulster Farmers' Union spokesman said: "We would be delighted if the TB instances rate

among livestock could be similarly reduced."

And Mr Sullivan said his department shared that sentiment. The fight against TB began with a voluntary programme in 1949 when it was reckoned up to 40 per cent of the 30,000 herds were affected by the disease.

Bonuses encouraged farmers to back the scheme, for which almost half the herds involved, the Government felt it could not then launch compulsory measures to kill affected cattle.

By 1959, however, when incursions had been made into the disease the compulsory eradication was launched and in 1974 only .04 per cent of the herds were affected.

The duration between the TB tests was increased from two years to three years.

"This in retrospect was an error," said Mr Sullivan. "For after the United

Kingdom entered the EEC there was an appreciable increase in livestock in the Province."

"We aim to make the Province a TB free area," said Mr Sullivan, who appealed to farmers to be "very careful about the source of their stock."

West Tyrone is clear of the disease, while the worst affected areas are in North Down and South Antrim, he said.

Veterinary officers are bound by their code of ethics to notify the department about TB reactors — for it is a notifiable disease, said Mr Sullivan.

Animals were imported into Northern Ireland, and tests showed that the TB instance rate began to increase gradually.

"It was thought that this might be only a temporary hiccup," said Mr Sullivan, "but soon the trend became all too real."

By the late 1970's 1.2 per cent of herds were affected, and annual tests were re-introduced.

At present about 400 herds are subject to movement restrictions, and it is reckoned between 1,500 and 1,600 TB reactors were detected during the past 12 months.

The total livestock population in the Province at present is about one and a half million.

/12828

CSO: 5440/040

CHICKEN KILLER DISEASE FOUND IN MANICALAND

Harare THE HERALD in English 3 Jan 86 p 1

[Text] Newcastle disease, which has already killed thousands of chickens in Zimbabwe's north-eastern areas, has broken out in Manicaland, a Government veterinarian said in Harare yesterday.

He said analysts this week confirmed the new outbreak in the Nyamaropa communal lands near Nyanga and believed the disease had spread from Mozambique rather than from the north-east.

Manicaland would now join all Mashonaland provinces as quarantine areas where the movement of chickens or poultry products is banned.

He also said the United Nations Food and Agriculture Organisation had agreed to provide emergency aid to help fight Zimbabwe's first series of outbreaks in a decade.

Since the disease spread from Mozambique about three months ago veterinary teams have inoculated about 600 000 chickens.

Four roadblocks had been erected in Manicaland to add to the eight being manned to check the spread of virus in Mashonaland where he said the disease was smouldering.

The FAO, he said, had agreed to provide five million doses of vaccine as well as equipment to carry out the campaign.

/13046

CSO: 5400/61

COLORADO BEETLE, THREAT TO POTATOES, IN LINCOLNSHIRE

London SUNDAY TELEGRAPH in English 29 Dec 85 p 3

[Article by David Brown]

[Text]

EXPERTS from the Ministry of Agriculture are in a race against time to trace a breeding colony of Colorado beetles which is believed to have established itself on a farm near Boston, Lincolnshire.

Farmers and Ministry officials are particularly worried because the beetles, which can devastate potato crops, have been traced to the heart of one of the richest vegetable growing areas of Britain.

The last breeding colony of the yellow and black striped beetles found in Britain was wiped out in Sussex in 1977 but over the past two years more than 200 have been found either in imported grain or vegetables. Last year a live Colorado beetle was found in a pack of English strawberries in

a Marks and Spencer store in Blackpool.

The latest hunt began a few weeks ago when two dead beetles were found in separate packs of frozen spinach in Tonbridge Wells, Kent. Another dead beetle was discovered in a pack of frozen beans bought in Essex.

All the vegetables were traced by their code numbers back to a single supplier in Cambridge and from there to a farm near Boston, Lincolnshire. Lord Belstead, Minister of State for Agriculture, has appealed to shoppers to look out for the beetles in the vegetables they buy.

"If anybody finds a beetle, please take it to the nearest police station or Ministry of Agriculture office. Most impor-

antly, if the beetle is found in processed food, please save the packaging to help us trace the source."

Experts from the Ministry's plant health and seeds inspectorate based at Harpenden, Hertfordshire, have already walked over the suspected farm hoping to find traces of the pest.

But Colorado beetles, which originated in the Rocky Mountains and spread to Europe in the 19th century, causing severe damage to potato crops in the process, hibernate in the soil during the winter and they may not become evident until they emerge in the spring.

Once the colony is pinpointed large tents will be placed over the affected field which will then be fumigated. The soil will then be turned over and treated again with insecticides.

/12828

CSO: 5440/040

ALL SET TO COMBAT ARMYWORM INVASION

Bulawayo THE CHRONICLE in English 8 Jan 86 p 3

[Text] HARARE — Nearly a year after the armyworm ravaged crops in the north-eastern border area, the velvet-black agricultural pest is back and there is no knowing how far it will spread — but the authorities are prepared for it.

Already confirmed in several Harare suburbs, the farmer's nightmare, as one conservationist called it, is now said to be eating its way through the lawn at the Zimbabwe Grounds in Highfields.

The growing list of affected areas now includes Tynwald, Lochnivar, Avondale, Avonlea, Waterfalls and Plumtree where last year it destroyed more than half the yields in Zinyama and Ramakwabantse communal areas.

He, however, says unlike last year when the Food and Agricultural Organisation made a late warning of an impending armyworm attack, the Institute this year had been alerted early.

Regional co-operation in eradicating the worm still has to be finalised but through FAO, Cde Shadreck Mlambo said, the Institute was able to prepare for the invasion of the adult moths

which are normally carried by the winds of the rain-bearing Inter Tropical Convergence Zone from north-eastern countries.

Among those countries known to suffer from the worm's gregarious habits are Kenya, Tanzania, Malawi and the northern parts of Mozambique.

The destructive worm scientifically known as the cycle spodoptera exempta has been reputed to devour anything green from maize, sorghum, millet to pastures and grazing.

"It feeds very fast during its active stage and can wipe out a field in a very short time," the head of the Plant Protection and Research Institute, Cde Mlambo said yesterday.

According to him, a heavy infestation would be anything from 20 worms per square metre but there have been some areas where the number has been up to 50. He says he recently counted 10 worms on one maize stalk in one of the Harare suburbs.

Now considered an annual post-Christmas phenomenon, the worm is known to spread its influence over wide areas within days but Cde Mlambo maintains his department, with the help of Agritex, can cope with control measures.

"We are prepared to contain the outbreaks," he said citing contingency light traps in Mt Darwin, Victoria Falls, Harare, Matopos, Nyanga, Chipinge and Kadoma. There

are plans to expand the trap grid, he said.

There were also plans to introduce male attracting traps and developing a virus which attacks the parent moth. — Ziana.

ARMYWORM SPREADS TO 2 CITY SUBURBS

Harare THE SUNDAY MAIL in English 5 Jan 86 p 3

[Text] **THE** outbreak of the African armyworm, which was first reported from Lochinvar has spread to Avondale and Waterfalls, a spokesman for the Plant Protection Research Institute said yesterday.

The spokesman said when the Lochinvar outbreak had been reported, teams from the institute had been dispatched to the area to advise people with affected crops on how to deal with the menace.

He explained that the Government did not help commercial farmers when it came to controlling the armyworm, but only gave technical advice.

"The Government does not give assistance to commercial farmers, but only to communal farmers when an outbreak occurs," he said.

He assured farmers all over the country that there were enough stocks of pesticide in Zimbabwe to deal with outbreaks of the worm anywhere, adding that all farmers had to do was report any outbreaks and his department would react promptly. — Ziara.

CSO: 5400/64

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